

In the Matter Of:

UNITED STATES vs STATE OF GEORGIA

1:16-CV-03088-ELR

DANTE MCKAY

March 09, 2023



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THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

UNITED STATES OF)
AMERICA,)
)
Plaintiff,)
)
vs.) CASE NO. 1:16-CV-03088-ELR
)
STATE OF GEORGIA,)
)
Defendant.)

VIDEOTAPED DEPOSITION OF DANTE MCKAY

ATLANTA, GEORGIA

THURSDAY, MARCH 9, 2023

(Reported Remotely)

REPORTED BY: TANYA L. VERHOVEN-PAGE,
CCR-B-1790

FILE NO. J9414077

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9:02 a.m.

Videotaped deposition of
DANTE MCKAY, held Atlanta, Georgia
before Tanya L. Verhoven-Page,
Certified Court Reporter and Notary
Public of the State of Georgia.

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APPEARANCES OF COUNSEL

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(Via Zoom)

ALSO PRESENT: Sandra LeVert
Laura Cassidy Tayloe

On behalf of the Defendant:

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(Via Zoom)

ALSO PRESENT: Monica Patel

THE VIDEOGRAPHER: Robert Pacheco

- - -

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I N D E X

WITNESS: DANTE MCKAY

Examination	Page
BY MS. CHEVRIER	7

EXHIBITS:

Plaintiff's (McKay) Exhibit	Description	Page
Exhibit 978	Website screen capture titled Apex 3.0 Frequently Asked Questions	55

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EXHIBITS:

Previously
marked
Plaintiff's
Exhibit

Description

Page

Exhibit 870

E-mail: dated
October 17th, 2019

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Exhibit 965

Deposition Notice

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1 ATLANTA, GEORGIA; THURSDAY, MARCH 9, 2023

2 9:02 A.M.

3
4 P R O C E E D I N G S

5
6 THE VIDEOGRAPHER: We are now on
7 the video record. Today's date is March
8 the 9th, 2023. The time is 9:02 a.m.
9 Eastern Standard Time -- I'm sorry --
10 10:02 a.m. Eastern Standard Time.

11 This begins the video conference
12 deposition of Dante McKay in the matter
13 of The United States of America versus
14 the State of Georgia.

15 My name is Robert Pacheco. I am
16 your remote videographer. Your court
17 reporter today is going to be Ms. Tanya
18 Page. Both are representing Esquire
19 Deposition Solutions.

20 Would counsel please introduce
21 yourselves and your affiliation and the
22 witness will be sworn in.

23 MS. CHEVRIER: Claire Chevrier for
24 the United States. I'm virtually here
25 with my colleagues Kelly Gardner, Frances

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1 Cohen, Laura Tayloe and Sandra LeVert.

2 MS. JOHNSON: Melanie Johnson for
3 the State of Georgia. I am virtually
4 joined by my cocounsel Danielle
5 Hernandez, and Monica Patel, who is the
6 corporate representative for DBHDD.

7
8 Thereupon --

9 DANTE MCKAY,
10 called as a witness, having been first duly sworn,
11 was examined and testified as follows:

12
13 EXAMINATION

14 BY MS. CHEVRIER:

15 Q Good morning. For the record, I'd like
16 to reintroduce myself. My name is Claire Chevrier
17 and I'm a trial attorney in the Educational
18 Opportunities section of the Civil Rights Division of
19 the United States Department of Justice. I represent
20 the United States in this lawsuit and will be taking
21 your deposition today.

22 Can you please state and spell your name
23 for the record.

24 A My name is Dante McKay. D-A-N-T-E,
25 M-C-K-A-Y.

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1 Q Thank you. I'm sure your attorney has
2 explained much of this to you, but we are basically
3 going to have a conversation today and I'm going to
4 ask you questions and it's your job to answer these
5 questions as honestly and completely as you can,
6 okay?

7 A Okay.

8 Q You were sworn to tell the truth by the
9 court reporter, and the oath you just took is the
10 same oath you would take if you were testifying in a
11 court of law and puts you under the same obligation
12 to tell the truth that you'd be under in court.

13 Do you understand?

14 A Yes.

15 Q My questions and your answers will be
16 recorded by the court reporter. Please understand
17 that you will need to speak clearly and answer all of
18 your questions orally so that the court reporter can
19 capture your answers accurately. For example, she
20 won't be able to record a nod or a head shake. Okay?

21 A Okay.

22 Q If at any time the computer freezes or
23 there's a lag, please let us know if this is
24 affecting your ability to hear or answer questions,
25 okay?

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1 A Okay.

2 Q The other thing that you and I will need
3 to avoid doing is talking over one another, which I
4 recognize is more difficult because we're
5 communicating virtually. I will do my best not to
6 interrupt you when you're answering and I will ask
7 that you do your best to let me finish my questions
8 before starting to answer, okay?

9 A Okay.

10 Q If at any point you do not understand a
11 question, you should feel free to stop me and say so.
12 I will then try to clarify the question. Okay?

13 A Okay.

14 Q Know that your attorney may occasionally
15 object to my questions. This is to put their
16 objections and the issue on the record. It does not
17 mean you shouldn't answer the question. Unless
18 counsel tells you not to answer, you should go ahead
19 and do so. Understand?

20 A Yes.

21 Q If you want to take a break for any
22 reason, that's totally fine. I just ask that if
23 there is a question pending or if you're in the
24 middle of an answer, that you finish answering before
25 taking a break, okay?

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1 A Okay.

2 Q Sometimes it happens that you will give
3 an answer as completely as you can and then later on,
4 maybe five minutes or maybe an hour later, you'll
5 remember some additional information in response to
6 that earlier question. If that happens, please just
7 tell us that you would like to add something to what
8 you said earlier and you can do that, okay?

9 A Okay.

10 Q How are you feeling today?

11 A Feeling good.

12 Q Excellent. Is there any reason why you
13 would not be able to answer my questions fully and
14 truthfully today?

15 A No reasons.

16 Q Excellent. So, for example, you are not
17 taking any medication today that would inhibit your
18 ability to answer my questions?

19 A No.

20 Q Excellent. Do you have any questions for
21 me before we proceed?

22 A Not at this time.

23 Q Sounds good. There are a few acronyms
24 and definitions I'd like to go over to confirm that
25 we have at same understanding, okay?

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1 A Okay.

2 Q When I refer to GaDOE, do you understand
3 that I mean Georgia Department of Education?

4 A Yes.

5 Q When I say GNETS or GNETS program, do you
6 understand that I mean the Georgia Network for
7 Educational and therapeutic support?

8 A Yes.

9 Q When I say regional GNETS program, do you
10 understand that I mean one of the 24 regional GNETS
11 programs across the state of Georgia?

12 A Yes.

13 Q When I say GNETS school-based location,
14 do you understand that I mean a GNETS location that
15 is based in a general education school?

16 A Yes.

17 Q When I say GNETS center or centers, do
18 you understand that I mean a standalone GNETS
19 location?

20 A I do now.

21 Q Sounds good. When I say the State, do
22 you understand that I'm referring to the State of
23 Georgia?

24 A Yes.

25 Q And when I say CSB, do you understand

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1 that I'm referring to the community service board?

2 A Yes.

3 (Previously marked Plaintiff's
4 Exhibit No. 965 was identified for the
5 record.)

6 BY MS. CHEVRIER:

7 Q Excellent. I'd like to show you what was
8 previously marked as Plaintiff's Exhibit 965.

9 A Okay.

10 Q I'll give my colleague a minute to bring
11 it up.

12 Are you able to see this document?

13 A Yes.

14 Q And you should have the opportunity to
15 scroll and manipulate through it. This is the
16 Deposition Notice filed with the Court that states
17 that the United States served a 30(b)(6) deposition
18 notice on March 1st, 2023 for testimony related to
19 the items included in Attachment A, correct?

20 A Are you asking me?

21 Q Yes. I'm asking you to confirm that
22 that's the document that's up.

23 A Oh, I don't know. This is my first time
24 seeing this document.

25 Q Can you confirm that on the top it says

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1 Notice of 30(b)(6) Deposition?

2 A Yes, I see that.

3 Q Okay. And so you have not seen this
4 notice before; is that correct?

5 A Correct.

6 Q Is it your understanding that you are
7 present today to provide testimony in response to the
8 topics listed in attachment A, specifically Topics 18
9 and 19? And I can give you a moment to scroll to
10 that. It's at the end of the document.

11 A Okay. I've reviewed 18 and 19. Yes,
12 I -- that aligns to my understanding of my deposition
13 today.

14 Q Excellent. And what is the basis of your
15 knowledge for these topic areas?

16 A I direct the Office of Children, Young
17 Adults and Families within the Behavioral Health
18 Division at DBHDD, and Apex is a program that we
19 fund, evaluate and monitor.

20 Q And you've already answered this, but
21 again for the record, can you state specifically your
22 title at the State of Georgia?

23 A I direct the Office of Children, Young
24 Adults and Families.

25 Q So is your position the director?

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1 A Yes.

2 Q And what are your job responsibilities in
3 this role?

4 A To lead the office, to manage the staff
5 at the office, to be liaison between the office and
6 executive leadership and with community stakeholders,
7 in a nutshell. So plan, manage, monitor and fund
8 behavioral health-related programming.

9 Q How long have you held this role?

10 A Since February 16th, 2016.

11 Q And who do you report to?

12 A Currently, I report to Adrienne Johnson,
13 who is the interim director of the behavioral health
14 division.

15 Q And who did you report to previously?

16 A To Monica Johnson, who was director of
17 the behavioral health division.

18 Q And who reports to you currently?

19 A Are you asking for names or titles?

20 Q If you could provide names and titles
21 starting with direct reports, that would be great.

22 A Okay. Dr. Stephanie -- gosh -- Pearson.
23 Dr. Stephanie Pearson, who is my clinical director.
24 She's a direct report. Dr. Kristi Burk is a program
25 director who is a direct report. Layla Fitzgerald is

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1 a direct report. Thandiwe Harris is a direct report.
2 Dr. Adell Flowers is a direct report.

3 Q And what are the roles of Dr. Adell
4 Flowers?

5 A I'm sorry. She is my workforce
6 development director, and Thandiwe Harris is my
7 certified parent peer support coordinator.

8 Q Excellent. And what's Layla Fitzgerald's
9 position?

10 A Program director.

11 Q Thank you. And then do you have any
12 category of indirect reports?

13 A Can you explain the question?

14 Q Sure. Is there anybody that the
15 individuals you just listed as a direct report
16 have -- do they have people who report to them, in
17 which case you would be somewhat of an indirect
18 person that they report to?

19 A Yes. Each of those individuals have
20 people that report to them. And so going back to
21 Dr. Pearson, Tony Simms, who is clinical manager,
22 reports to her and Ashley Wiggins, who is a clinical
23 specialist, reports to her.

24 Layla Fitzgerald, Danielle Alexander
25 reports to her, she is a program manager and

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1 Ashuanni -- I'm blanking on her name, she's one of
2 our new hires. Ashuanni Straw is a program
3 coordinator that reports to Layla Fitzgerald.

4 Nobody reports to Dr. Flowers. Nobody
5 reports to Thandiwe Harris, and Dr. Burk has Brittany
6 Estrella, who is a program coordinator reporting to
7 her.

8 Q Thank you. How does your current role
9 relate to the questions you are here to provide
10 testimony about today?

11 A Well, as the office director, I approved
12 this program and receive reports on performance to
13 this program and had a role in procurement that led
14 to the providers selected for this program. And --

15 Q Did you receive -- sorry, go ahead. I
16 didn't mean to cut you off.

17 A And I have been involved in -- as part of
18 the procurement processes, these are -- I don't
19 remember which because we had a few different
20 procurements as it relates to Apex, but typically
21 there is either a -- a Q&A session -- there's a
22 different title, but essentially it's a Q&A session
23 that interested vendors participate in. And
24 sometimes that can be in-person, slash, virtual or it
25 can be through written Q&A. And I would have had

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1 some role in those.

2 Q Thank you. Did you receive any
3 information from anyone other than counsel that you
4 will be relying on to respond to these -- to
5 questions about these topics today?

6 A No.

7 Q What is your highest level of education?

8 A I have a law degree and I have a Master's
9 in Public Administration.

10 Q And where is your law degree from?

11 A Southern University Law Center in Baton
12 Rouge, Louisiana.

13 Q And what's the date of your JD?

14 A That would have been May 2007 --

15 Q And where is your Master's in Public
16 Administration from?

17 A The City University of New York Baruch
18 College.

19 Q And what is the date that you received
20 that degree?

21 A I think June of 2011. Oh --

22 Q And how does your -- sorry.

23 A -- excuse me. July 2011.

24 Q How does your education background relate
25 to your current role?

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1 A Well, working in -- I guess I probably
2 use more of my MBA than my JD in this particular
3 role, because it was public administration and I'm
4 working for -- as a public administrator for the
5 State of Georgia.

6 Q And what is the GNETS program?

7 A My best understanding of GNETS --

8 MS. JOHNSON: Go ahead.

9 THE WITNESS: -- is that it is a
10 network of schools operated by GaDOE.

11 BY MS. CHEVRIER:

12 Q Have you read any court filings in
13 connection with this lawsuit?

14 A Can you clarify that question?

15 Q Sure.

16 A Do you mean anything beyond what I've
17 seen in depositions or in preparing for depositions?

18 Q Sure, so I'm asking specifically now
19 about court filings, so any documents that were filed
20 actually with the court. So, for example, deposition
21 notices, the initial complaint, any motions, et
22 cetera.

23 A Yes, along the way I think I have.

24 Q And what documents do you believe you
25 reviewed?

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1 A The things that you have named to whether
2 it was motions or things that the Department of
3 Justice submitted in terms of the case that you were
4 bringing, questions that you were asking, the request
5 for documents, and had a role in producing documents,
6 and --

7 Q And -- go ahead.

8 A And giving a deposition. So today would
9 be my second deposition.

10 Q And did you read the initial complaint
11 that started this lawsuit?

12 A I'm not sure.

13 Q And am I correct that you are being
14 represented by Melanie Johnson from the Robbins firm
15 for this deposition today?

16 A Yes, that's correct.

17 Q Did you talk to anyone to prepare for
18 this deposition today?

19 A No.

20 Q You did not talk to Melanie Johnson to
21 prepare for this deposition today?

22 A No.

23 Q And you didn't talk to anybody else from
24 the Robbins firm?

25 A No.

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1 Q Did you --

2 A Not today. Not for today's deposition,
3 no.

4 Q Did you do anything else to prepare for
5 today's deposition?

6 A No. I believe my legal director, Monica
7 Patel, who is represented here today, shared two
8 questions. I read the questions and coordinated to
9 be here today. That was the extent of preparation,
10 either in getting familiar with the information. I
11 came today relying on memory and what I knew about
12 the program and coordinating schedules.

13 Q And can we state for the record, did you
14 say it's Monica Patel who's joining us on this Zoom;
15 is that correct?

16 A Yes.

17 Q Is there anybody else, to your knowledge,
18 that's on this Zoom other than the counsel that we
19 listed at the beginning?

20 A No.

21 Q And if you did not communicate with
22 counsel regarding this deposition, how did you learn
23 that you were going to be providing testimony for
24 this deposition?

25 A Through Monica Patel.

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1 Q Did you read any deposition transcripts
2 in this litigation prior to joining today?

3 A Not for today, no.

4 Q Did you read any deposition transcripts
5 prior for any other reason?

6 A I don't think so. The only thing I've
7 read, as I mentioned, is, prior to my last
8 deposition, the -- I guess, the filings and the
9 things that we submitted and the questions, but no
10 transcripts of testimony. I have not reviewed that.
11 So I'll clarify, no. The answer is no.

12 Q Did you talk with anyone else about their
13 experience being a deponent for a deposition in this
14 case?

15 A No.

16 Q So you did not speak with Monica Johnson
17 about her deposition?

18 A I did not.

19 Q Did you talk with anyone else about the
20 fact that you were going to be deposed today?

21 A Yes. I mentioned in passing that I would
22 be unavailable. The request came late. I'm a very
23 busy guy. My days are spent with meetings and so I
24 had to make adjustments to my calendar today. And
25 so, yes, I cancelled several meetings and the

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1 explanation that I gave is that I needed to be
2 available for the Department of Justice.

3 Q And outside of sharing about scheduling,
4 did you share anything else about this deposition
5 with someone today -- before today?

6 A No, I did not.

7 Q And so you didn't share anything about
8 this deposition with someone today, outside of
9 scheduling?

10 A No, I did not.

11 Q And did you review any other documents
12 other than court filings to prepare for your
13 deposition today?

14 A No, I did not.

15 Q I understand that you have been deposed
16 before. How many times have you been deposed?

17 A This makes the second time.

18 Q And so the first time was also for this
19 current lawsuit?

20 A Yes.

21 Q Have you ever been a plaintiff in a
22 lawsuit?

23 A Maybe a car accident.

24 Q Any other times?

25 A No.

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1 Q Have you ever been a defendant in a
2 lawsuit?

3 A No.

4 Q Switching gears. Am I correct to assume
5 that you are familiar with the Georgia Department of
6 Behavioral Health and Developmental disabilities or
7 DBHDD?

8 A Yes.

9 Q What is the Georgia Department of
10 Behavioral Health and Developmental Disabilities or
11 DBHDD?

12 A It is the public behavioral health
13 authority for the State of Georgia.

14 Q In your role, have you communicated with
15 GaDOE employees?

16 A Yes.

17 Q What was the subject of these
18 discussions?

19 A I can't say specifically. I communicate
20 with GaDOE employees on a regular basis.

21 Q Did the subject of these discussions ever
22 include the provision of mental health services to
23 public school students?

24 A Maybe -- can I say yes, broadly.

25 Q Have you ever discussed the Apex program

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1 with somebody from GaDOE?

2 A Yes, broadly and specifically.

3 Q Have you ever discussed trauma-informed
4 care with someone from GaDOE?

5 MS. JOHNSON: Object to form.

6 Outside the scope of the topic.

7 But you can answer.

8 THE WITNESS: I do not remember
9 specifically.

10 BY MS. CHEVRIER:

11 Q Have you ever discussed mental health
12 first aid with someone from GaDOE?

13 MS. JOHNSON: Same objection.

14 You can answer.

15 THE WITNESS: More than likely.

16 BY MS. CHEVRIER:

17 Q Have you ever discussed Project Aware
18 with someone from GaDOE?

19 MS. JOHNSON: Same objection.

20 You can answer.

21 THE WITNESS: Yes.

22 BY MS. CHEVRIER:

23 Q Have you ever discussed other mental
24 health programs or services with someone from GaDOE?

25 MS. JOHNSON: Same objection.

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1 You can answer.

2 THE WITNESS: Yes, more than
3 likely.

4 BY MS. CHEVRIER:

5 Q And have you ever discussed the GNETS
6 program with someone from GaDOE?

7 A Yes.

8 Q And what was the nature of discussions
9 related to the GNETS program when you spoke with
10 somebody from GaDOE?

11 MS. JOHNSON: Object to form.

12 Outside the scope of the topic.

13 You can answer.

14 THE WITNESS: I don't recall
15 specifically, but, to public behavioral
16 health, it relates to all of the
17 child-serving agencies. So there are
18 regular conversations with peers, direct
19 reports to peers, indirect reports to
20 peers, across child-serving agencies.

21 BY MS. CHEVRIER:

22 Q Are you aware of any discussions related
23 to the provision of mental health services in
24 regional GNETS programs with GaDOE?

25 MS. JOHNSON: Object to form.

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1 Outside the scope of the topic.

2 You can answer.

3 THE WITNESS: I don't recall.

4 BY MS. CHEVRIER:

5 Q Has the collaboration with GaDOE changed
6 over time?

7 A Yes.

8 MS. JOHNSON: Object to form and
9 outside the scope of the topic.

10 You can answer.

11 THE WITNESS: Yes.

12 BY MS. CHEVRIER:

13 Q How so?

14 A Well, the people have changed over time.
15 Our relationship formally has changed, as there are
16 two current team members that share time with GaDOE,
17 one being Layla Fitzgerald, who is -- participates in
18 their Office of Whole Child and Support, and Danielle
19 Alexander, who serves as the mental health expert on
20 a current Project Aware grant.

21 Q Can you describe what that looks like,
22 when you said that they share time with GaDOE?

23 MS. JOHNSON: Object to form.

24 You can answer.

25 THE WITNESS: Essentially, the

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1 department, DBHDD, pays their salary and
2 GaDOE reimburses some percentage of their
3 time to dedicate and share information
4 and help to build resources for GaDOE.

5 BY MS. CHEVRIER:

6 Q And do you have a sense of what
7 percentage of their time they spend with GaDOE?

8 MS. JOHNSON: Object to form.

9 You can answer.

10 THE WITNESS: I think it's
11 50 percent, is the goal.

12 BY MS. CHEVRIER:

13 Q And when did these changes occur that
14 fits -- that a filled position now exists?

15 MS. JOHNSON: Object to form.

16 You can answer.

17 THE WITNESS: I don't recall
18 exactly, but for Layla Fitzgerald it's
19 been a couple of years. And for Danielle
20 Alexander, I think her role started in
21 February of '21, maybe.

22 BY MS. CHEVRIER:

23 Q And has there been any additional
24 collaboration with GaDOE since January of 2022?

25 MS. JOHNSON: Object to form.

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1 Outside the scope of the topic.

2 You can answer.

3 THE WITNESS: If you're asking
4 specifically for me, no, it's been pretty
5 consistent. But I'm not in the weeds of
6 the day-to-day of my employees in terms
7 of the work that they're doing for GaDOE.
8 I have -- I receive general updates, but
9 I don't know how our relationship has
10 changed based upon the work that they're
11 doing.

12 BY MS. CHEVRIER:

13 Q Is it fair to say that since January 2022
14 you're not aware of any change in the collaboration
15 between GaDOE and DBHDD?

16 MS. JOHNSON: Object to form.

17 Outside the scope of the topic.

18 You can answer.

19 THE WITNESS: No, I wouldn't agree
20 with that. I think the relationship is
21 different. Before, it was more
22 information sharing, informal, and I
23 think it is more formal since those roles
24 have been established.

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1 BY MS. CHEVRIER:

2 Q Is it important that DBHDD and GaDOE
3 coordinate with respect to addressing the mental
4 health needs of students in Georgia?

5 MS. JOHNSON: Object to form.

6 Outside the scope of the topic.

7 You can answer.

8 THE WITNESS: Yes.

9 BY MS. CHEVRIER:

10 Q Why is that?

11 MS. JOHNSON: Same objection.

12 You can answer.

13 THE WITNESS: I think it's
14 important for all child-serving agencies
15 to coordinate as to the behavioral health
16 needs of Georgia's children. Each is
17 charged with very specific
18 responsibilities, in some cases those
19 responsibilities overlap, and it's
20 important for us to raise system of care
21 approach to coordinate, to plan for the
22 services of Georgia's children and
23 families.

24 BY MS. CHEVRIER:

25 Q Based on your communications with GaDOE,

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1 do you believe it's -- do you believe this is a
2 priority for GaDOE?

3 MS. JOHNSON: Object to form.

4 Outside scope of the topic and improper
5 opinion question.

6 But you can answer.

7 THE WITNESS: I -- can you clarify
8 the question, when you said this?

9 BY MS. CHEVRIER:

10 Q Sure. The question before that I asked
11 was is it important that DBHDD and GaDOE coordinate
12 with respect to addressing mental health needs of
13 students. And now I'm asking whether, based on your
14 communications with GaDOE, you believe that this
15 collaboration to address the mental health needs of
16 students is a priority for GaDOE?

17 MS. JOHNSON: Same objection.

18 You can answer.

19 THE WITNESS: I think the -- for
20 the Office of Whole Child Health and
21 Support, it is, and that is the office
22 that we have had our coordination.

23 BY MS. CHEVRIER:

24 Q And what specifically does the office of
25 whole child support contribute toward these

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1 collaborative efforts with DBHDD?

2 MS. JOHNSON: Object to form.

3 Outside the scope of the topic.

4 You can answer.

5 THE WITNESS: Well, that is the
6 office where my team members sit and that
7 is the office that -- I mean, they're
8 going through, from my understanding, a
9 reorganization -- but the work that
10 aligns between the two agencies as it
11 relates to mental health is -- in my
12 belief is -- that's the office where it
13 sits.

14 BY MS. CHEVRIER:

15 Q Is it important that students are able to
16 access appropriate mental health services in their
17 schools and communities?

18 MS. JOHNSON: Object to form.

19 Outside the scope of the topic and
20 opinion question.

21 But you can answer.

22 THE WITNESS: In my opinion, yes.

23 BY MS. CHEVRIER:

24 Q And why is that?

25 MS. JOHNSON: Same objection.

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1 You can answer.

2 THE WITNESS: Because that is where
3 students spend the majority of their
4 time.

5 BY MS. CHEVRIER:

6 Q How specifically does having access to
7 appropriate mental health services in their schools
8 and communities help students?

9 MS. JOHNSON: Same objection.

10 You can answer.

11 THE WITNESS: Well, each student
12 needs are different. Some need just
13 general, I think, education. Some may
14 need a little bit more. Some may need
15 regular therapy, or their family, or some
16 combination. And having a professional
17 embedded within the setting of which they
18 spend the most time eliminates access
19 barriers to care.

20 If those professionals -- there's a
21 payor component to that, in the public
22 system. And so if those students are --
23 covered lives of the payors that are in
24 those schools, then that eliminates the
25 access barrier between that covered life

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1 and that payor that covered that life.

2 If they're -- if the payor does
3 not -- is not -- does not approve
4 school-based services, having a
5 professional there in case of a crisis to
6 respond and stabilize also increases
7 access. But, in those scenarios,
8 long-term services, of course, would not
9 be available because it was not a part of
10 the -- I guess, the benefit plan of a
11 particular payor.

12 BY MS. CHEVRIER:

13 Q What is the Apex program?

14 A Apex is a school-based mental health
15 program.

16 Q When was it created?

17 A Sometime in 2015. It predates my tenure
18 at the department.

19 Q And what is the purpose of the Apex
20 program?

21 A To increase access to services for
22 students that are uninsured, have instance of
23 Medicaid or Managed Care Medicaid, to essentially
24 eliminate barriers by being in place. One of the
25 goals is early detection. So by being in place, as

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1 those needs arise, the provider is there to offer
2 services.

3 And to create relationships between local
4 community providers. The department, DBHDD, does not
5 provide direct services to children, 100 percent of
6 the services are contracted out. So to encourage and
7 nurture and support relationships between those
8 approved community providers and schools and school
9 districts.

10 Q I think you've addressed this question
11 already, but I'm going to give you the opportunity to
12 answer it in case there's anything you want to add.

13 What needs does the Apex program address?

14 Oh, I can no longer hear you.

15 THE REPORTER: I can't hear him.

16 THE WITNESS: Can you hear me?

17 MS. CHEVRIER: Oh, yes.

18 THE WITNESS: Okay. Something
19 happened with my Bluetooth. Can you hear
20 me?

21 MS. CHEVRIER: Yes.

22 THE WITNESS: Okay. Can you
23 restate the question? I'm sorry.

24 BY MS. CHEVRIER:

25 Q Sure. I know that you've already touched

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1 on this, but I want to make sure you have the
2 opportunity to answer this question specifically.

3 What needs does the Apex program -- what
4 needs does the Apex program intend to address?

5 A Generally speaking, mental health
6 services and support for students. So we think
7 about -- we think about Apex as a three-tiered model,
8 Tier 1 is universal prevention, Tier 2 is like a
9 middle tier. It's kind of an at-risk tier. Students
10 who may be in that tier may not have a diagnosis.
11 And then Tier 3, which is the identified tier, which
12 students have a diagnosis and require some ongoing
13 support, like individual counseling or family
14 counseling or group counseling.

15 And then also included in Tier 3 would be
16 crisis services. So if a child goes into crisis
17 within a school setting or if an embedded provider
18 is -- may not be in that school but may be across the
19 street at another school, our funds allow them to
20 respond and stabilize that crisis, regardless of
21 payor. But if their provider is not approved by the
22 insurance company, then they would need to refer that
23 student to their medical home. So their pediatrician
24 or where they receive outpatient services.

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1 BY MS. CHEVRIER:

2 Q Is DBHDD the state agency with primary
3 responsibility over the Apex program?

4 MS. JOHNSON: Object to form.

5 THE WITNESS: Yes.

6 MS. JOHNSON: You can answer.

7 THE WITNESS: Yes.

8 BY MS. CHEVRIER:

9 Q How does the Apex program work? If you
10 could describe how these services and supports get in
11 schools.

12 A The department released procurement,
13 either a request for proposal or a statement of need,
14 to DBHDD-approved providers. Those providers
15 submitted proposals. There were teams of individuals
16 that reviewed the core of those proposals based upon
17 some criteria and funding that was available. As a
18 part of that requirement, provider agencies were
19 required to include letters of support from school,
20 district superintendent. And the plan for schools
21 that they were asking for funds for, against a formal
22 procurement process is -- and in scoring, is how the
23 providers that are part of Apex were selected.

24 And the school district as the provider
25 determined the school that the provider agencies

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1 would embed their employees. Those employees are,
2 you know, available in the schools some period of
3 time. It just depends on the district. They could
4 be there every day, all day, they could be there one
5 day per week. It just varies across the state.

6 And during that time they are seeing
7 students individually or -- you know, the same format
8 they would have if they were in an outpatient clinic.
9 They would -- some of them have space, for instance,
10 for providers to have a dedicated space in schools to
11 see students. But not all do, but most do.

12 So they'll have a case load of students
13 that are referred by, most times, a counselor or a
14 social worker and they see them for some period of
15 time, until goals are met or if it's ongoing. I
16 mean, it looks different.

17 Q When you first started answering this
18 question, you said the department releases
19 procurement. By department, did you mean DBHDD?

20 A Yes, correct.

21 Q And what are the types of services and
22 supports that are provided through the Apex program?

23 A Behavioral health assessment. I don't
24 know them all. I mean, just generally speaking,
25 behavioral health assessment, individual counseling,

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1 group counseling, family counseling, community
2 support, which is a skill-building component, general
3 kind of mental health wellness and promotion. So
4 being available for in-service or student assembly.
5 Those sorts of things.

6 Q Is it fair to say that the Apex program
7 involves a partnership between a community service
8 board and a school?

9 A It's broader than that. So embedded in
10 the question, yes, but Apex also includes non-CSB
11 providers.

12 Q What is a community service board?

13 A My understanding is it's an
14 instrumentality of the state. The --

15 Q I'm sorry. Go ahead.

16 A I'm sorry. They are quasi governmental
17 behavioral health providers for the department. They
18 are our safety net. Our Tier 1 providers, which make
19 up our safety net.

20 Q And what are the other non-CSB providers
21 with which Apex programs partner?

22 A I don't know them all offhand, but I
23 think there are maybe ten or so, all around the
24 state.

25 Q Do you have any examples?

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1 A Sure. So Care Partners would be one.
2 Family Ties, CHRIS 180, Georgia Hope, Vashti, Tanner
3 Medical -- I think -- Academy, or Family Empowerment,
4 Social Empowerment.

5 I wasn't counting. I don't know if
6 anybody was.

7 Q Sounds --

8 A Okay.

9 Q And those are programs that the Apex
10 program sometimes partners with depending regionally;
11 is that fair to say?

12 A The providers would have also
13 submitted -- responded to the procurement, whether it
14 was a statement of need or RFQ, submit a proposal,
15 met all the requirements of the procurement and
16 scored well and were selected. But once they were
17 selected to be an Apex provider, we continue to work
18 with them as Apex providers, you know, as long as
19 funding is available within the budget.

20 Q Where are Apex services provided?

21 A All over the state. I -- specifically,
22 I -- that's my best answer. All over the state. So
23 not every district or school has an Apex. Last
24 count, maybe a little over 700 of the 2,200 schools
25 within the state.

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1 Q Are you familiar with the term
2 school-based mental health?

3 A Yes.

4 Q Does this term refer to the provision of
5 mental health services by community clinicians?

6 A That's one approach, yes.

7 Q Can this term also refer to the provision
8 of mental health services by such community
9 clinicians in a student's zoned schools?

10 MS. JOHNSON: Object to form.

11 You can answer.

12 THE WITNESS: I'm not sure if I'm
13 following the question.

14 BY MS. CHEVRIER:

15 Q Sure. So I believe you just testified
16 that school-based mental health services can include
17 the provision of mental health services by a
18 community clinician, correct?

19 A Yes.

20 Q And so now I'm asking whether it can
21 include services by a community clinician
22 specifically in a student's zoned school?

23 MS. JOHNSON: Object to form.

24 You can answer.

25 THE WITNESS: Are you saying known

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1 school or zoned school?

2 BY MS. CHEVRIER:

3 Q Sorry. That would be helpful to clarify.

4 Zoned school, with a Z like zebra.

5 A I don't know if I know the answer to
6 that. It doesn't seem like this question differs
7 from your last question, but the zoning is throwing
8 me off. So I'm not sure of the answer to that.

9 Q Sure. So we'll remove the word zoned.
10 Basically my -- initially the question that I asked
11 previously is can students receive mental health
12 services by community clinicians.

13 Now I'm curious, can those services be
14 provided in their school?

15 MS. JOHNSON: Object to form.

16 THE WITNESS: Yes.

17 MS. JOHNSON: You can answer.

18 THE WITNESS: Yes.

19 BY MS. CHEVRIER:

20 Q And what I mean by zoned schools
21 specifically is, you know, a child's neighborhood
22 school.

23 Is it possible that at a child's
24 neighborhood school they could receive mental health
25 services by a community clinician?

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1 MS. JOHNSON: Object to form.

2 You can answer.

3 THE WITNESS: Yes. That's

4 possible.

5 BY MS. CHEVRIER:

6 Q And would that be a part of the general
7 term, school-based mental health services?

8 MS. JOHNSON: Object to form.

9 You can answer.

10 THE WITNESS: Yes. Yes.

11 BY MS. CHEVRIER:

12 Q And can school-based mental health
13 services also include the provision of mental health
14 services by community clinicians in a school that
15 serves general education students as well as students
16 with disabilities?

17 A Yes.

18 Q What type of commitment is required of
19 school leadership to participate in the Apex program
20 partnership?

21 MS. JOHNSON: Object to form.

22 Outside the scope of the question.

23 But you can answer.

24 THE WITNESS: Are you asking as
25 required by DBHDD?

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1 BY MS. CHEVRIER:

2 Q Yes.

3 A Can you restate the question?

4 Q Sure. What type of commitment is
5 required of school leadership to participate in the
6 Apex program partnership?

7 MS. JOHNSON: Same objection.

8 You can answer.

9 THE WITNESS: There's no specific
10 requirement, but we do -- lessons have
11 taught us that -- in the opinion of --
12 school-based mental health services have
13 shifted, especially because of COVID-19.

14 There -- the State was not as
15 prevalent as it was early on in the
16 tenure of this program. But early on we
17 learned that when there was a champion
18 within the school district, at the
19 district level, that helped with the
20 uptake or the program being able to
21 thrive.

22 When there was no champion of
23 leadership, then sometimes school
24 district executives didn't know that an
25 Apex program was in their district or

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1 what it was achieving or trying to
2 achieve, therefore, those programs didn't
3 perform as well. And so, somewhere along
4 the way, we required letters of support
5 from the superintendent or his or her
6 designee. Beyond that, we don't have any
7 specific requirements.

8 BY MS. CHEVRIER:

9 Q Are you aware of any requirements for
10 commitment required of school leadership to
11 participate in an Apex program outside of what DBHDD
12 requests and that you just described?

13 MS. JOHNSON: Object to form.

14 Outside the scope of the topic.

15 But you can answer.

16 THE WITNESS: No. No, I am not.

17 BY MS. CHEVRIER:

18 Q And what do the CSBs contribute with this
19 partnership?

20 MS. JOHNSON: Same objection.

21 You can answer.

22 THE WITNESS: They receive funding
23 on a contract from DBHDD and, under that
24 contract, they hire staff and then those
25 staff are embedded within school

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1 settings.

2 BY MS. CHEVRIER:

3 Q Are schools expected to help identify
4 students who might be appropriate for Apex services?

5 MS. JOHNSON: Same objection.

6 You can answer.

7 THE WITNESS: Yes -- I'm -- I'm --
8 the word expected, I'm hung up by that --
9 but I think the general answer to the
10 question is yes. And to clarify, if
11 the -- the therapists are there embedded
12 in schools, and students would not know
13 that they were there unless there was a
14 referral for services.

15 Sometimes the best -- I guess --
16 observers of the need for services could
17 be a teacher, could be a coach or, you
18 know -- or, you know, a librarian or
19 someone in the lunchroom. Somehow, some
20 way, they make a recommendation to a
21 counselor or a school social worker, who
22 then makes a referral to the Apex
23 therapist.

24 But expectation, I don't know if I
25 agree with the word, but, yes, this only

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1 works if the school is a partner in
2 making the referral -- or works better, I
3 would say, when the school is a partner
4 in making the referral.

5 BY MS. CHEVRIER:

6 Q Is Apex an effective program?

7 MS. JOHNSON: Object to form.

8 Outside the scope of the topic.

9 You can answer.

10 THE WITNESS: We believe so, yes.

11 BY MS. CHEVRIER:

12 Q And by we, is that the people at DBHDD?

13 A Yes.

14 Q Does it help children to have access to
15 mental health services in their schools and
16 communities?

17 MS. JOHNSON: Same objection.

18 You can answer.

19 THE WITNESS: Yes.

20 BY MS. CHEVRIER:

21 Q How do you know this?

22 MS. JOHNSON: Same objection.

23 You can answer.

24 THE WITNESS: Because of the data
25 that we review of the number of schools

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1 served and the number of children served
2 and the services that they are receiving.

3 BY MS. CHEVRIER:

4 Q Is there an annual evaluation of the Apex
5 program?

6 MS. JOHNSON: Object to form.

7 You can answer.

8 THE WITNESS: Yes.

9 BY MS. CHEVRIER:

10 Q Are there any other evaluations of the
11 Apex program that occur throughout the year outside
12 of this annual evaluation?

13 MS. JOHNSON: Object to form.

14 You can answer.

15 THE WITNESS: There's monthly data
16 that's tracked.

17 BY MS. CHEVRIER:

18 Q Is the monthly data put into any sort of
19 monthly report or is it just available data to
20 review?

21 A I don't know the answer to that. Our
22 evaluation team has changed and our frequency has
23 changed and I haven't kept up with some of those
24 changes. There have been times where, yes, we
25 receive monthly data and then there were times where

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1 we moved to a dashboard where we were required --
2 excuse me -- to log in. I think we may have moved
3 back to some form of monthly reporting, but not as
4 extensive as what is published annually.

5 Q How does the Apex program fund the
6 provision of school-based mental health services in
7 Georgia schools?

8 MS. JOHNSON: Object to form.

9 Outside the scope of the topic.

10 You can answer.

11 THE WITNESS: Can you repeat the
12 question?

13 BY MS. CHEVRIER:

14 Q Sure. How does the Apex program fund the
15 provision of school-based mental health services in
16 Georgia schools?

17 MS. JOHNSON: Same objection.

18 THE WITNESS: Well, DBHDD receives
19 funding in our Child and Adolescents
20 budget. That funding is passed along,
21 through contract, to approved providers.
22 And those providers submit budgets
23 supporting the programs that they plan to
24 operate. And most of it may be for
25 personnel, could be for transportation,

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1 it could be for materials, those sorts of
2 things.

3 And then those providers -- and
4 it's for a portion of time, is what the
5 department funding supports. Earlier, I
6 stated that payor is important to this.
7 Commercial insurance does not recognize
8 school-based programs. And so, by the
9 department funding some portion of time
10 for a provider to be in a school to
11 respond to a crisis, if not for our
12 funding, that provider may not be in
13 schools if the majority of the covered
14 lives in that school were commercially
15 insured. But we do require our providers
16 to bill.

17 And so this is a program that's
18 focused on public sector. So Medicaid,
19 traditional managed care or uninsured,
20 and not necessarily commercial insurance.
21 So, to clarify, there are things that we
22 fund, including a portion of personnel,
23 and then providers bill Medicaid for the
24 remainder. And so those students would
25 have to be Medicaid covered lives.

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1 BY MS. CHEVRIER:

2 Q I believe when you started answering this
3 question you mentioned a Child Adolescent budget.
4 Where did that money come from?

5 MS. JOHNSON: Objection. Outside
6 the scope of the topic.

7 But you can answer.

8 THE WITNESS: I'm not sure exactly.
9 I guess the General Assembly or the
10 General Fund.

11 BY MS. CHEVRIER:

12 Q What is the target population for the
13 Apex program?

14 MS. JOHNSON: Same objection.
15 You can answer.

16 THE WITNESS: School-aged children
17 that receive public insurance or who are
18 uninsured, or in some cases underinsured,
19 that align with the State's Medicaid
20 plan. So ages -- starting at age four
21 through graduation of high school.

22 BY MS. CHEVRIER:

23 Q Does the target population of the Apex
24 program include students with severe emotional and
25 behavioral disability?

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1 MS. JOHNSON: Same objection.

2 You can answer.

3 THE WITNESS: Yes.

4 BY MS. CHEVRIER:

5 Q Is there an expectation that Apex can
6 help students who are at risk of going to GNETS or
7 might otherwise be sent to GNETS?

8 MS. JOHNSON: Object to form.

9 Outside the scope of the topic.

10 You can answer.

11 THE WITNESS: It depends on the
12 location of the GNETS program.

13 BY MS. CHEVRIER:

14 Q Can you explain what you mean by that?

15 A Apex is a three-tiered model. It serves
16 all three tiers, so prevention, middle tier and Tier
17 3, which is the identified tier. And if a GNETS
18 program is embedded in a school that Apex is the --
19 providing services, that program will be eligible for
20 services like any other student, because Apex -- the
21 goal of Apex is to be available and apply services to
22 all three tiers.

23 Ideally, if -- through universal
24 prevention, that may reduce the number of students
25 that have unmet needs in Tiers 2 and 3, and then vice

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1 versa. So if the offset is the behavior in Tier 2,
2 therapist is available, intervenes, then that may be
3 an acuity curve that, you know, prevents that student
4 from having more need in Tier 3. And so, ideally,
5 the three tiers work together.

6 Q So I want to just clarify the question.

7 The question was, is there an expectation
8 of Apex -- that the Apex program can help students
9 who are at risk of going to GNETS, so a student who
10 has not yet been sent for a consultation for GNETS,
11 but whose behaviors and emotional and behavioral
12 disability might put them at risk of being sent to
13 GNETS? So let me reask the question.

14 Is there an expectation that Apex can
15 help students who are at risk of going to GNETS?

16 MS. JOHNSON: Object to form.

17 Outside the scope of the topic.

18 You can answer.

19 THE WITNESS: I think I would need
20 to know better your definition of
21 at-risk. Because I don't know what
22 places a student at risk of being sent to
23 a GNETS.

24 BY MS. CHEVRIER:

25 Q Let me ask this a different way.

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1 You just testified that -- you just
2 testified that students who are receiving Tier 2
3 services, based on their receipt of those Tier 2
4 services through the Apex program, it might decrease
5 their need to require Tier 3 services later; is that
6 fair to say?

7 A Yes.

8 Q Specifically, students who are at risk of
9 being sent to the GNETS students [sic] are students
10 with severe disruptive behaviors.

11 Is it possible that the Apex program can
12 provide student support services and school-based
13 mental health in a way that decreases severe
14 disruptive behaviors?

15 MS. JOHNSON: Same objection.

16 You can answer.

17 THE WITNESS: It is possible, yes,
18 based upon maybe what the diagnosis is.

19 BY MS. CHEVRIER:

20 Q Is it fair to say that one of the goals
21 or expectations of the Apex program is that it could
22 serve students with severe disruptive behaviors in a
23 way that would decrease those severe disruptive
24 behaviors?

25 MS. JOHNSON: Same objection.

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1 You can answer.

2 THE WITNESS: If those behaviors

3 have -- are mental health in nature.

4 Apex --

5 BY MS. CHEVRIER:

6 Q So is it fair to say -- sorry. Go ahead.

7 A Apex is a school-based mental health
8 program. And severe emotional disturbance or severe
9 mental illness. I'm not a clinician, but the
10 parameters of Apex are mental health. And if what
11 I -- in my thoughts about GNETS, those kids that are
12 sent to GNETS, their behaviors may fall outside of
13 those that are mental health in nature. And so then
14 that would complicate their ability to benefit from
15 an Apex program model.

16 Q More generally, if Apex services were
17 available for all students exhibiting severe
18 behavioral issues, and those services were provided
19 with fidelity and by appropriately trained personnel,
20 would you expect referrals to GNETS to decline?

21 MS. JOHNSON: Same objection.

22 THE WITNESS: I'm unsure of the
23 answer to that.

24 BY MS. CHEVRIER:

25 Q Sure.

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1 A Possibly, if the behavior was mental
2 health in nature.

3 Q If Apex services were available for all
4 students exhibiting severe behavioral issues, and we
5 can assume that at least some of those severe
6 behavioral issues had bases in mental health, would
7 you expect that those severe behavioral issues could
8 decrease with Apex services?

9 MS. JOHNSON: Same objection.

10 THE WITNESS: It is possible.

11 MS. CHEVRIER: I'd like the court
12 reporter -- I'd like to show what is
13 being marked as Plaintiff's Exhibit 978.

14 (Plaintiff's (McKay) Deposition
15 Exhibit No. 978 was marked for the
16 record.)

17 BY MS. CHEVRIER:

18 Q We'll give my colleague a moment to bring
19 it up. This is a screen capture of a website titled
20 Apex 3.0 Frequently Asked Questions, correct?

21 A Yes.

22 Q And I'll indicate for the record that,
23 because it's a screen capture, the document shows the
24 time stamp of the capture at the bottom of the page
25 and if information is cut off by this text, the text

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1 is reproduced on the next page.

2 Do you recognize this website?

3 A It looks like the DBHDD's website.

4 Q Are these FAQs directed at Apex 3.0?

5 A This FAQ was specific to Apex 3.0, yes.

6 Apex 3.0 is aligned to the funding source that
7 supported the contracts of the providers selected
8 under 3.0.

9 Q You mentioned that --

10 A So --

11 Q Sorry. Go ahead.

12 A I was going to say, it's been a long time
13 since I've seen this. But in my just quick review of
14 this, the question explains the difference between
15 1.0, 2.0, 3 .0. Apex is a single program, but it has
16 received different funding sources to support the
17 program. And we, if required by the General
18 Assembly, would need to have been able to report what
19 activities were supported by which funding source.

20 Apex 3.0 was a one-time fund to -- by our
21 current governor, Governor Kemp, that we used to
22 expand the program through the RFQ process that we
23 talked about earlier. Those are one-time funds.
24 Those funds got sent then -- not that level, but we
25 have sent at a smaller amount of funds annualized for

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1 ongoing support for the program.

2 Q Did DBHDD issue these FAQs in connection
3 with the contracts for that funding?

4 MS. JOHNSON: Object to form.

5 You can answer.

6 THE WITNESS: I don't know the
7 answer to that. I -- I think our intent
8 was to -- because the other funding that
9 went to other agencies hit the street at
10 the same time as the funding that we
11 received. And we were receiving, if
12 memory serves, a lot of questions about
13 this \$69 million that did not come to
14 DBHDD, and we thought it was in the best
15 interest of the department to issue FAQs
16 to be able to refer individuals to, to
17 clarify the 69 million versus the
18 1 million versus Apex and the 8.4 million
19 versus Apex 3.0 and the other iterations
20 of Apex.

21 BY MS. CHEVRIER:

22 Q Did DBHDD also issue FAQs in connection
23 with 2.0?

24 MS. JOHNSON: Object to form.

25 Outside the scope of the topic.

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1 You can answer.

2 THE WITNESS: I don't remember if
3 we did.

4 BY MS. CHEVRIER:

5 Q What about in connection with Apex 1.0?

6 MS. JOHNSON: Same objection.

7 THE WITNESS: I do not believe so,
8 no.

9 BY MS. CHEVRIER:

10 Q Is it your understanding that, regardless
11 of whether an FAQ was issued for Apex 1.0 and 2.0,
12 that the qualities were the same that are outlined in
13 this document?

14 MS. JOHNSON: Same objection.

15 THE WITNESS: I don't know. I
16 think the focus of this document mainly
17 was Apex 3.0. And I think the
18 significance of 3.0 at the time is that
19 it was one-time funding. Meaning that if
20 we were unsuccessful in annualizing that
21 funding, then the providers selected and
22 the schools selected as a part of our 3.0
23 fund source would have gone away.

24 BY MS. CHEVRIER:

25 Q At what time were the policies set forth

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1 in -- in this FAQ developed?

2 MS. JOHNSON: Object to form.

3 You can answer.

4 THE WITNESS: I don't recall,
5 specifically.

6 BY MS. CHEVRIER:

7 Q Do you recall --

8 A It would have been -- it would have been
9 the first year of Governor Kemp, so maybe four years
10 ago.

11 Q And do you know who developed them?

12 A Possibly a team of folks. I'm sure I had
13 a hand in it, at least if not writing, reviewing,
14 approving. Probably communications professionals.
15 Layla Fitzgerald would have had a role in it.

16 Q Who supervised the preparation of the
17 FAQs and their answers?

18 MS. JOHNSON: Object to form.

19 You can answer.

20 THE WITNESS: It would have been a
21 team effort.

22 BY MS. CHEVRIER:

23 Q Do you recall being --

24 A I wouldn't --

25 Q -- a member -- sorry.

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1 A I'm sorry. I cut you off. Can you
2 repeat?

3 Q Do you recall being a member of that team
4 that supervised the FAQs and their answers?

5 MS. JOHNSON: Object to form.

6 THE WITNESS: Yes, I had a role,
7 but I was going to say, final approval
8 would have come from me.

9 BY MS. CHEVRIER:

10 Q Sorry. Did you say that final approval
11 would have come through you?

12 A Yes.

13 Q And can you share any information about
14 your other role prior to providing final approval?

15 A I -- I would have been involved in
16 discussions about the need for these or why there was
17 a need for these. Either would have written a draft
18 that others then reviewed and, you know, edited. I
19 would have involved external team members. So
20 whether it was legal or whether it was
21 communications, we would have the team, both within
22 my office and extended, would have less landed on a
23 final draft, and then I would have given final
24 approval of, yes, this is ready for publication.

25 And I imagine someone in the

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1 communications office then would have uploaded this
2 to our public-facing website.

3 Q How was it determined which questions
4 would be included?

5 A Most likely the questions that were being
6 asked of us at the time. On -- the most regular
7 questions that were being asked.

8 Q And who would have asked those questions?

9 MS. JOHNSON: Object to form.

10 THE WITNESS: General stakeholders.

11 BY MS. CHEVRIER:

12 Q And by general stakeholders, is that
13 schools, students, families, providers?

14 A Providers, schools, school districts.

15 Q Is it fair to say that you approved the
16 FAQ questions and answers?

17 A Yes.

18 Q Do you see the question on the FAQ that
19 asks: In which types of schools can Apex services be
20 implemented?

21 A Yes.

22 Q Do you see the answer which says: Apex
23 services cannot be provided in private charter
24 schools, GNETS standalone facilities, private schools
25 or homeschooled, slash, cyber public schools?

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1 A Yes.

2 Q Does this answer accurately reflect the
3 policy of DBHDD?

4 A I'm not sure if I know the answer to
5 that. It --

6 Q Is it your current understanding that --
7 sorry. Go ahead.

8 A It depends on how you're defining policy.
9 I wouldn't equate this to a policy or contract
10 language. I'm not sure if this is -- that wording is
11 included in a contract, but it is in line with our
12 approach for the Apex model.

13 So, to clarify, I'm not sure if this is
14 spelled out the same way in a DBHDD contract and I
15 would not equate this to a DBHDD policy.

16 Q Does this answer accurately reflect the
17 practices of DBHDD, that Apex services are not
18 provided in private charter schools, GNETS standalone
19 facilities, private schools or homeschooled, slash,
20 cyber public school?

21 MS. JOHNSON: Object to form.

22 THE WITNESS: Yes. Philosophy,
23 reasons, I think, is a better word
24 though.

25

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1 BY MS. CHEVRIER:

2 Q So does this answer accurately reflect
3 the philosophy of DBHDD?

4 MS. JOHNSON: Object to form.

5 THE WITNESS: Yes.

6 BY MS. CHEVRIER:

7 Q Why was it determined that, quote, Apex
8 services cannot be provided in GNETS standalone
9 facilities?

10 MS. JOHNSON: Object to form.

11 THE WITNESS: Because it was our
12 understanding that standalone facilities,
13 the model would not comport. The
14 three-tier model would not comport to a
15 standalone facility.

16 BY MS. CHEVRIER:

17 Q Who was involved in the decision that
18 Apex services cannot be provided in GNETS standalone
19 facilities?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: I would have
22 inherited the decision and continued it.

23 BY MS. CHEVRIER:

24 Q And what is -- you mentioned the three
25 tier. What is the rationale for this policy, or

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1 philosophy?

2 MS. JOHNSON: Object to form.

3 THE WITNESS: It's long and

4 technical and complex, but there is --

5 there is a thing called multitiered

6 system of support. You may be familiar

7 in your role -- in your particular role,

8 but -- and then school-based services fit

9 within that multitiered system of

10 support, which is NTSS.

11 And part of that is that three-tier

12 model. Some have more, some have four

13 tiers, but most have three tiers. And

14 the three tiers are the ones that we

15 talked about previously, which are

16 universal prevention, at-risk tier,

17 identified tier.

18 And, according to best practices,

19 at the time the School of Social Work,

20 led at the University of Maryland --

21 there's a national conference -- but as

22 we were building and refining this

23 program, we aligned our goals with those

24 of best practice, that align with those

25 three tiers.

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1 And information that we received
2 from -- I would say -- the program staff
3 at the state level for GNETS is that
4 there were differences between the
5 programs, per se. I understood those
6 differences to be either the schools --
7 the program was embedded in a traditional
8 school, the program may have been on a
9 campus or the program was standalone.

10 In the prior goal, the goal of
11 Apex, the goal of DBHDD, was to increase
12 services at your general public schools,
13 that that model, our approach, aligned
14 with two of the three GNETS programs, so
15 those that were either on campus or
16 embedded within the school, and it did
17 not align with those that were
18 standalone, as that school did not align
19 with the three-tier model of Tier 1,
20 universal prevention, Tier 2, at-risk
21 tier, and Tier 3, identified tier or
22 intensive tier.

23 BY MS. CHEVRIER:

24 Q You testified before that you had to give
25 final approval for the FAQ that we're looking at now,

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1 correct?

2 A Correct.

3 Q Were you the final level of approval or
4 did anybody else have to approve it after you
5 approved it?

6 MS. JOHNSON: Object to form.

7 THE WITNESS: I believe I -- I
8 believe I was the final level approval.
9 If someone approved after me, I was not
10 aware of it.

11 BY MS. CHEVRIER:

12 Q I know that you started to touch on this.
13 Why was it determined that Apex services
14 cannot be provided in GNETS standalone facilities?

15 MS. JOHNSON: Object to form --

16 THE WITNESS: Because they --
17 because they showed information that --
18 that they shared with us. And at a
19 particular point in time, is that the
20 standalone programs would only fit in
21 Tier 3, they would not fit in Tier 2 or
22 Tier 1, and that didn't align with the
23 model that we were advancing.

24 BY MS. CHEVRIER:

25 Q Where did you learn that information that

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1 you relied on that standalone GNETS facilities would
2 only provide Tier 3?

3 MS. JOHNSON: Object to form.

4 THE WITNESS: There were regular
5 meetings with the GNETS staffers over at
6 GaDOE for a period of time. I want to
7 say that information was shared and
8 reiterated during those meetings.

9 BY MS. CHEVRIER:

10 Q And who would have been in those
11 meetings?

12 MS. JOHNSON: Object to form.

13 THE WITNESS: I don't recall
14 specific names, but it would have been
15 the State director of the GNETS program
16 and maybe a support staff and myself, and
17 other -- my other team members would be
18 called in as needed to share information
19 on programs or to answer specific
20 questions that the GNETS director had of
21 DBHDD.

22 BY MS. CHEVRIER:

23 Q And do you recall who was the State
24 director for the GNETS program at GaDOE during the
25 time that you had these meetings?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: If there was -- there
3 was two. I don't remember their names,
4 but it was two females. There was -- so
5 let me clarify my answer.

6 There was the first director that I
7 worked with. I think she became ill and
8 did not return to work. And then there
9 was the second director that I would meet
10 with. But I'm blanking on their names.
11 Maybe the second person was named Vickie,
12 Vickie something.

13 BY MS. CHEVRIER:

14 Q Is it possible you're referring to Vickie
15 Cleveland and Nakeba Rahming.

16 A Yes, those are the two individuals.
17 Vickie was the second director.

18 Q Did GaDOE have any additional input into
19 the decision to not provide Apex services at
20 standalone GNETS facilities?

21 MS. JOHNSON: Object to form.

22 THE WITNESS: GaDOE does not have
23 decision making in the Apex program, not
24 formally.

25

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1 BY MS. CHEVRIER:

2 Q It sounds like -- correct me if I'm
3 wrong -- that they did provide some information on
4 which DBHDD, with decision-making power, relied; is
5 that accurate?

6 MS. JOHNSON: Object to form.

7 THE WITNESS: No, that's not
8 accurate. The decision making happened
9 at the local level. The State level, by
10 the time we developed our kind of formal
11 meeting frequency, Apex was an
12 established program.

13 My predecessors developed the
14 program in response to a need. I am not
15 aware of GaDOE's involvement in those
16 discussions or support of it. And then
17 after some period of time, and maybe in
18 response to a number of questions that
19 GaDOE was receiving, we agreed to
20 establish regular kind of meetings and
21 information sharing that eventually led
22 to a more formalized role, where now
23 there are staff that are shared between
24 the offices, with the goal of further
25 building and aligning our efforts as it

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1 relates to services available -- mental
2 health services that are available in
3 schools.

4 But that is specific to, again,
5 that office, the Office of Whole Child
6 and Support, and GaDOE is a very large
7 agency, as is DBHDD.

8 BY MS. CHEVRIER:

9 Q I understand that you shared the
10 philosophy that Apex services do not -- are not
11 provided in GNETS standalone facilities.

12 Does DBHDD provide any Apex services in
13 any GNETS standalone centers?

14 MS. JOHNSON: Object to form.
15 Outside the scope of the topic.

16 THE WITNESS: DBHDD does not. I
17 can't speak to whether DBHDD approved
18 providers do or if DBHDD approved
19 providers utilize safety net funding that
20 they provide, they turn around and
21 provide services within schools. Not to
22 my knowledge.

23 BY MS. CHEVRIER:

24 Q To your knowledge, are there any Apex
25 services in any GNETS standalone services?

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1 MS. JOHNSON: Object to form.

2 Outside the scope of the question.

3 THE WITNESS: Not to my knowledge

4 per se. I --

5 BY MS. CHEVRIER:

6 Q In your understanding -- sorry. Go
7 ahead.

8 A I would like to clarify the answer.

9 I would assume that there are for, again,
10 those programs that are Apex schools that have those
11 programs, but I can't specifically say that there
12 are, in response to your question.

13 BY MS. CHEVRIER:

14 Q Sure. And my question was intended to be
15 specifically about GNETS standalone centers. So
16 those would not be the facilities that are embedded
17 in a school that would otherwise have Apex.

18 So is it your understanding that there
19 are any GNETS standalone centers that receive Apex
20 services?

21 MS. JOHNSON: Object to the form
22 and outside the scope of the question.

23 THE WITNESS: Yes, not to my
24 knowledge, I don't think any standalone
25 facilities receive Apex services.

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1 BY MS. CHEVRIER:

2 Q In your understanding of the tiers, can
3 you provide Tier 3 services without also providing
4 Tier 1 and Tier 2 services?

5 MS. JOHNSON: Object to form.

6 You can answer.

7 THE WITNESS: I think, yes, it's
8 possible. For example, I mentioned, if a
9 child goes into crisis, the provider will
10 respond regardless of payor source. And
11 so, for example, if a child has Blue
12 Cross Blue Shield or Aetna and goes into
13 crisis, the provider is intended to
14 respond to stabilize that crisis
15 regardless of, you know, payor sources.

16 So although that child may not
17 receive services in Tier 2, that child
18 also could be -- could have some benefits
19 or you know, just some general behavioral
20 health, mental health promotion in Tier
21 1, or if they went into crisis in Tier 3.
22 But the model and the funding allows the
23 provider to be available to serve all
24 three tiers.

25

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1 BY MS. CHEVRIER:

2 Q Did DBHDD allow Apex services at regional
3 GNETS programs' school-based locations?

4 MS. JOHNSON: Object to form.

5 THE WITNESS: I'm unsure of the
6 answer to that. I think it probably
7 would be the same as before. If the
8 regional program was either embedded
9 within the school or on a general campus,
10 then they would have the benefit of
11 access to Apex.

12 BY MS. CHEVRIER:

13 Q And what is the rationale for the policy
14 differentiation in between GNETS school-based
15 locations and GNETS standalone centers?

16 MS. JOHNSON: Object to form.

17 THE WITNESS: Per my understanding,
18 standalone centers would only be level --
19 or Tier 3 services, which did not comport
20 with the model of serving all three
21 tiers.

22 BY MS. CHEVRIER:

23 Q And what's your understanding of the
24 needs at GNETS school-based locations?

25 MS. JOHNSON: Object to form and

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1 outside the scope of the topic.

2 But you can answer.

3 THE WITNESS: I don't know the
4 answer to that.

5 BY MS. CHEVRIER:

6 Q Who made the determination that Apex
7 services would be available in GNETS school-based
8 locations?

9 MS. JOHNSON: Object to form.

10 Outside the scope of the topic.

11 You can answer.

12 THE WITNESS: I guess that would
13 have been me, and my team -- along with
14 my team, but I don't think that -- it was
15 not necessarily a decision about GNETS in
16 or GNETS out. It was about public
17 schools that aligned with the model.

18 And so, you know, the other schools
19 that are listed here, including the GNETS
20 standalone schools, based on information
21 that we had, did not align with the
22 model. So private schools did not
23 receive public dollars. Students that
24 were -- receive -- you know, that were
25 homeschooled could not participate in all

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1 three models.

2 And, again, the goal is early --
3 one of the goals is early intervention.
4 And the earlier you intervene or -- you
5 know, there's a chance that you're able
6 to prevent an acuity curve.

7 BY MS. CHEVRIER:

8 Q And did GaDOE provide any --

9 A The --

10 Q Sorry. Go ahead.

11 A And I was just going to say, and then
12 based on information that we had, these particular
13 environments did not align to the model.

14 Q And did GaDOE provide any input or
15 information that helped DBHDD make the decision that
16 Apex services could be available in GNETS
17 school-based locations?

18 MS. JOHNSON: Object to form.

19 Outside the scope of the topic.

20 You can answer.

21 THE WITNESS: Not that I remember.

22 BY MS. CHEVRIER:

23 Q And --

24 A If I could --

25 Q Go ahead.

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1 A If I could clarify. I remember lots of
2 questions about the Apex program, and part of those
3 meetings was educational, and I think there was a
4 goal of maybe tightening it and that sort of thing,
5 but we never got there.

6 Q And when you were talking with GaDOE
7 about the Apex program, did the GNETS program come up
8 during these educational conversations?

9 MS. JOHNSON: Object to form and
10 outside the scope of the topic.

11 You can answer.

12 THE WITNESS: What the GNETS State
13 director, not in the office of whole
14 child health, from my understanding,
15 GNETS is not an office or a program
16 within the office that we work with.

17 BY MS. CHEVRIER:

18 Q Can you please describe any collaboration
19 between the Apex program and GNETS classrooms?

20 MS. JOHNSON: Object to form.
21 Outside the scope of the topic.

22 You can answer.

23 THE WITNESS: I'm not able to
24 describe that collaboration.

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1 BY MS. CHEVRIER:

2 Q And is that because you're unaware of a
3 collaboration?

4 MS. JOHNSON: Same objection.

5 THE WITNESS: Yes, that's correct.

6 BY MS. CHEVRIER:

7 Q Do Apex personnel ever work in GNETS
8 classrooms?

9 MS. JOHNSON: Object to form and
10 outside the scope of the topic.

11 You can answer.

12 THE WITNESS: I'm unsure of the
13 answer to that, but my guess would be --
14 well, I'll pause right there. I was
15 going to say, I'm unsure of the answer to
16 that.

17 If it's a therapist, my guess would
18 be that -- the answer -- I don't think
19 that they would be in a classroom,
20 whether it's GNETS or just general
21 education, as they want to work with that
22 child in a one-on-one setting. But they
23 could be in a classroom for general
24 observations or a PSI person. A
25 community support individual which

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1 teaches skill building also could be in a
2 classroom to observe.

3 But it's hard to say, so I'll go
4 back to my original answer. I'm not sure
5 of the answer to that.

6 BY MS. CHEVRIER:

7 Q Thank you. So is it fair to say that
8 what you did just share was speculation?

9 MS. JOHNSON: Form.

10 THE WITNESS: Yes.

11 BY MS. CHEVRIER:

12 Q Are all the services that are available
13 through Apex available in standalone GNETS programs
14 in school facilities through any other program?

15 MS. JOHNSON: Object to form.

16 Outside the scope of the topic.

17 You can answer.

18 THE WITNESS: Could you repeat the
19 question?

20 BY MS. CHEVRIER:

21 Q Sure. So it sounds like we've confirmed
22 that it's DBHDD philosophy that Apex services are not
23 provided in standalone GNETS centers, correct?

24 MS. JOHNSON: Object to form.

25 THE WITNESS: Yes.

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1 BY MS. CHEVRIER:

2 Q I'm curious whether the services that are
3 provided through Apex are provided to GNETS
4 standalone programs through any other avenue?

5 MS. JOHNSON: Object to form.

6 Outside the scope of the topic.

7 You can answer.

8 THE WITNESS: I'm unsure of the
9 answer to that. I am aware of a
10 partnership between a provider -- an Apex
11 provider. So 2.0. And I think one of
12 the programs that is based in maybe
13 Clayton County, Henry County, I believe
14 they have a contractual relationship with
15 some services. I have general awareness
16 of it.

17 What exactly they are doing and if
18 that would be responsive to your
19 question, I'm unsure.

20 BY MS. CHEVRIER:

21 Q Do you have any reason to believe that
22 they specifically work with GNETS programs?

23 MS. JOHNSON: Object to form.

24 Outside the scope of the topic.

25 You can answer.

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1 THE WITNESS: So View Point Health,
2 yes, they specifically work with that
3 GNETS program. The -- I don't know the
4 name of it, but the catchment area of
5 that program is Clayton County and Henry
6 County, I believe.

7 BY MS. CHEVRIER:

8 Q In your answer to the question prior to
9 this one, I believe you used words like believe and
10 general awareness.

11 Is it fair to say that you're not aware
12 with specificity what types of programs -- what type
13 of services View Point provided to GNETS programs?

14 A Yes, that's accurate.

15 (Previously marked Plaintiff's
16 Exhibit No. 870 was identified for the
17 record.)

18 BY MS. CHEVRIER:

19 Q I'm going to show you what has previously
20 been marked as Plaintiff's Exhibit 870. I'm going to
21 give my colleague a moment to pull it up.

22 This is an October 17th, 2019 e-mail from Danielle
23 Jones to All CYF Consortium, and copied to Layla
24 Fitzgerald and a number of other people. Is that
25 correct?

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1 A Yes.

2 Q At the date of this e-mail, was Danielle
3 Jones a program manager reporting to Layla
4 Fitzgerald?

5 A Most likely, yes.

6 Q And what's Danielle Jones' current role?

7 A Program manager. So at the time she may
8 have been a program coordinator. She has since been
9 promoted to the program manager.

10 Q And she changed her last name since this
11 e-mail was sent?

12 A Yes. She got married. Her last name is
13 Alexander. So I think she goes by Danielle Jones
14 Alexander.

15 Q Thank you. And did Ms. Fitzgerald report
16 to you at the time of this e-mail?

17 A Can you repeat the question?

18 Q Did Ms. Layla Fitzgerald report to you at
19 the time of this e-mail?

20 A Yes.

21 Q Were Ms. Fitzgerald and Ms. Jones the
22 principal DBHDD employees in the Office of Children,
23 Young Adults and Families concerned with the Apex
24 program in October of 2019?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: Yes, plus myself.

2 BY MS. CHEVRIER:

3 Q At the time you were director of OCYF,
4 correct?

5 A Yes.

6 Q And both Ms. Fitzgerald and Ms. Jones
7 reported to you?

8 A Yes.

9 Q What is the All CYF Consortium?

10 MS. JOHNSON: Objection to form.
11 Outside the scope of the question. You
12 can answer -- or outside the scope of the
13 topic.

14 You can answer.

15 THE WITNESS: The All CYF
16 Consortium was essentially when we
17 brought as many of our program -- like
18 funded partner program leads together, at
19 one place in time.

20 So there are a couple of times
21 throughout the year where the department
22 sponsors educational training events.
23 One is what we call our annual System of
24 Care Academy, specifically June each
25 year. Another would be our annual

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1 behavioral health symposium, typically
2 October each year.

3 And, some years back, certainly
4 after I got to the department in this
5 particular role -- I came to the
6 department in this role, but not long
7 after being here I realized -- and this
8 was prior to the pandemic. I realized
9 that we were spending a lot of time and a
10 lot of money in holding cohort meetings,
11 traveling all over the state. And I
12 counted up the meetings, it was well over
13 100, and it did not seem like a good use
14 of time and resources.

15 And so what we agreed to do is we
16 hold these big events every year, where
17 with we invite the providers. We host
18 them in some way. And so we could attach
19 onto those events, the Care Academy or
20 the behavioral health symposium, a day or
21 half day that was just focused on our
22 particular programming across the
23 practice areas within -- in the Office of
24 Children, Young Adults and Families.

25 And so the title then became All

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1 CYF Consortium. So that allowed us to
2 maximize time and reduce the impact --
3 travel impact on budgets or reduce the
4 impact of lost productivity by not
5 requiring our provider network to attend
6 so many different meetings throughout the
7 year.

8 BY MS. CHEVRIER:

9 Q Does the All CYF Consortium include the
10 opportunity for Apex providers to review the annual
11 Apex evaluation and technical system?

12 MS. JOHNSON: Object to form and
13 outside the scope of the topic.

14 You can answer.

15 THE WITNESS: I don't remember
16 specifically. Those agendas would have
17 been ad hoc and based upon, you know,
18 some trend or need at that point in time.

19 BY MS. CHEVRIER:

20 Q I'm going to ask you to scroll up so that
21 you're able to see all of the e-mail addresses that
22 this e-mail was sent to.

23 Do you see all the e-mail addresses?

24 A Yes.

25 Q Do they include all or most Apex

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1 providers?

2 MS. JOHNSON: Object to form.

3 THE WITNESS: I'm reviewing.

4 MS. CHEVRIER: Take your time.

5 THE WITNESS: This looks like

6 Apex -- Apex 1.0. So, to answer your

7 question, no, this would not be

8 reflective of all Apex providers as

9 contracted providers go today. I'm

10 unsure of when -- I'm unsure of the exact

11 date of when we expanded. And that

12 expansion would have been supported by

13 what we call Apex 2.0 funds.

14 But most of these look like CSBs

15 because -- it looks like mostly CSBs.

16 Then my guess is these are Apex 1 only.

17 I do see the e-mail address of

18 Vashti, which is not a CSB, but I don't

19 remember when Vashti -- I don't remember

20 if Vashti was included in the 1.0 group.

21 I know they were included in 2.0 group.

22 So then -- so this may be 1.0 or 2.0, but

23 I would say that this is speculation.

24 BY MS. CHEVRIER:

25 Q Is it fair to say that this e-mail

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1 includes at least some Apex providers?

2 A Yes.

3 Q Was this the type of e-mail that DBHDD
4 employees sent out periodically to inform Apex
5 providers of DBHDD approaches?

6 MS. JOHNSON: Object to form.

7 Outside the scope of the topic.

8 You can answer.

9 THE WITNESS: I think that the --
10 I'm unsure of the answer to the question
11 that you're asking. My interpretation of
12 this e-mail is previewing topics for the
13 All CYF consortium.

14 BY MS. CHEVRIER:

15 Q Did you discuss the matters set forth in
16 this e-mail with Ms. Fitzgerald before it was sent?

17 MS. JOHNSON: Same objection.

18 THE WITNESS: Well, I think -- your
19 question asked about Ms. Fitzgerald. I
20 think Ms. Jones sent this e-mail.

21 BY MS. CHEVRIER:

22 Q Thank you. I'm going to ask next about
23 whether you talked about it with Ms. Jones. I'm
24 curious -- we can add them together.

25 Did you discuss the matters set forward

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1 in this e-mail with Ms. Fitzgerald or Ms. Jones
2 before it went out?

3 MS. JOHNSON: Same objection.

4 THE WITNESS: I don't recall. I
5 don't recall.

6 BY MS. CHEVRIER:

7 Q Is it correct that you reported to Monica
8 Johnson at the time that this e-mail was sent?

9 A Yes.

10 Q Was Monica Johnson the director of the
11 Division of Behavioral Health?

12 A Yes.

13 Q Did you discuss the matters set forth in
14 this e-mail with Ms. Johnson before it went out?

15 MS. JOHNSON: Object to form.
16 Outside the scope of the topic.

17 You can answer.

18 THE WITNESS: I don't recall.

19 BY MS. CHEVRIER:

20 Q Do you recall any discussions with
21 Ms. Johnson after it went out?

22 MS. JOHNSON: Same objection.

23 THE WITNESS: I don't recall.

24 BY MS. CHEVRIER:

25 Q Was this e-mail consistent with matters

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1 previously discussed between you and Monica?

2 MS. JOHNSON: Same objection.

3 THE WITNESS: I don't -- I don't

4 recall.

5 BY MS. CHEVRIER:

6 Q Was this e-mail --

7 A My --

8 Q Sorry. Go ahead.

9 A I was just going to say, Monica Johnson
10 and I hadn't -- didn't talk about GNETS program
11 during our time working together.

12 Q Was this e-mail consistent with matters
13 previously discussed between you and Layla
14 Fitzgerald?

15 MS. JOHNSON: Same objection.

16 THE WITNESS: Possibly.

17 BY MS. CHEVRIER:

18 Q Was this e-mail consistent with matters
19 previously discussed between you and Danielle Jones,
20 now Alexander?

21 MS. JOHNSON: Same objection.

22 THE WITNESS: So this answer
23 applies to this question, but I'd like to
24 also clarify the previous question.

25 So this last sentence, being that I

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1 recall some discussions about talking
2 with them in some combination, whether
3 together, one-on-one, in terms of the
4 differences between, you know, the
5 embedded GNETS program, the campus --
6 on-campus versus standalone, and what
7 happened in instances where the child is
8 receiving services, Apex services, in the
9 GNETS program, returns to their home
10 school.

11 And through some discussions and
12 agreement, I think we agreed that the
13 child becomes the client, and no matter
14 where the child goes, if that was still
15 within that provider's catchment area,
16 then the provider would be permitted to
17 follow that child, you know, back to --
18 back to either the home school or, you
19 know, there was some recidivism, we did
20 not want to disrupt the services or the
21 progress that the child was making. So I
22 do vaguely remember having a discussion
23 about that.

24 And seeing it reads here, I
25 speculate that, based upon those

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1 discussions, that is why that is written
2 here. And if that is true, at some point
3 in time I had discussions with Ms. Jones
4 and with Ms. Fitzgerald about this.

5 BY MS. CHEVRIER:

6 Q You referenced the last sentence of this
7 e-mail in your last answer, so I want to read it into
8 the record. It states: The only -- and only is in
9 all cap and bold -- the only instance Apex funds can
10 be used for a GNETS student is if the student started
11 at an Apex school and then was transferred into the
12 GNETS program at their new school.

13 Is that a correct reading of the last
14 sentence of the e-mail?

15 A Yes, that's correct.

16 Q Do you see the section in this e-mail
17 which says Types of Schools, and refers to Apex
18 schools on the left-hand side and non-Apex schools on
19 the right-hand side?

20 A Can I clarify my last answer to the
21 question?

22 Q Sure, of course.

23 A So you read the sentence and I agree with
24 the sentence as you read it, but I don't agree with
25 the -- with what the statement is saying, per se.

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1 Because there are differences, as I think we're about
2 to get into, in terms of the types of schools. But,
3 yes, I do see that section.

4 Q Can you describe what are the differences
5 and what part of the sentence that I read into the
6 record you disagree with?

7 MS. JOHNSON: Object to form.
8 Outside the scope of the topic.

9 But you can answer.

10 THE WITNESS: So the sentence reads
11 as: Apex funds can only be used for
12 GNETS students if the student started at
13 an Apex school and then transferred to a
14 GNETS program at their new school.

15 That is incorrect. The -- the
16 funds could be used, again, for students
17 that were in a GNETS program served by
18 Apex schools in a general setting,
19 whether the program was embedded in the
20 school or whether the program was on the
21 campus. The complicating factor would be
22 those standalone programs.

23 But if, say, for some reason a
24 provider, in my opinion, served students
25 that were being referred to a GNETS

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1 standalone program, then those providers
2 were -- it was permissible, in our
3 opinion or my opinion, for that provider
4 to follow that student to that program to
5 continue those services and not just cut
6 that student off because they had been
7 referred to a GNETS program.

8 BY MS. CHEVRIER:

9 Q So it sounds like there are ways that a
10 child could receive GNETS -- could receive Apex
11 services at a GNETS school-based service -- at a
12 GNETS school-based location outside of what is
13 specified in the last sentence of this e-mail; is
14 that correct?

15 MS. JOHNSON: Same objection.

16 THE WITNESS: Yes, that's correct.

17 BY MS. CHEVRIER:

18 Q And you testified earlier that this
19 e-mail went to a number of different providers; is
20 that correct?

21 A Yes, that's correct.

22 Q And it sounds like you disagree with one
23 of the sentences in this e-mail that was sent to
24 providers, correct?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: Yes, that's correct.

2 BY MS. CHEVRIER:

3 Q Was any clarification ever sent to
4 providers to tell them that there actually are
5 additional ways that they could serve GNETS students
6 at GNETS school-based locations?

7 MS. JOHNSON: Object to form,
8 outside the scope of the topic.

9 You can answer.

10 THE WITNESS: I'm not sure.

11 BY MS. CHEVRIER:

12 Q Thank you for scrolling up. Do you see
13 where it says, 1, Types of Schools, and then has a
14 chart which includes on the left-hand side Apex
15 schools and on the right-hand side non-Apex schools?

16 A Yes.

17 Q Do you see that Apex schools include
18 public schools with GNETS programs, dash, a school
19 supported by public funds but that has a GNETS class
20 within the school?

21 A Yes.

22 Q Is it fair to say that these are the
23 school-based GNETS programs that have partnerships
24 with Apex providers?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: Yes, I -- in that
2 category, I would include those with
3 classrooms embedded within a general
4 school building or buildings and include
5 those that may have a program on a -- in
6 a campus setting.

7 BY MS. CHEVRIER:

8 Q The right-hand side or Non-Apex Schools
9 column refers to GNETS standalone programs, correct?

10 A Yes.

11 MS. JOHNSON: Object to form.

12 BY MS. CHEVRIER:

13 Q Ms. Jones defines this term in her e-mail
14 as an education facility that only holds a GNETS
15 program, correct?

16 A Correct.

17 Q And the line with the definition that
18 we've been discussing previously of a GNETS center or
19 GNETS standalone center, correct?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: Correct.

22 BY MS. CHEVRIER:

23 Q And Ms. Jones goes on to say: They do
24 not align with the Apex model of reaching students in
25 all three tiers of service?

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1 A Correct.

2 Q The e-mail goes on to say that, GNETS
3 students, Apex funds are, in large, not allowed to be
4 used for GNETS students due to GNETS programs being
5 funded through a grant through the Georgia General
6 Assembly, correct?

7 A Correct.

8 Q And then it says a student would be,
9 quote, double dipping, quote, if they received both
10 GNETS and Apex funds and this is not allowed,
11 correct?

12 A Correct.

13 Q Who created that policy?

14 MS. JOHNSON: Object to form.

15 Outside the scope of the topic.

16 You can answer.

17 THE WITNESS: I do not agree that
18 this is the policy.

19 BY MS. CHEVRIER:

20 Q Who created this approach?

21 MS. JOHNSON: A same objection.

22 THE WITNESS: It would -- so in
23 keeping with our word usage, I would
24 prefer the word philosophy. But even
25 reading this, I don't know if this aligns

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1 with our philosophy. I don't agree that
2 this aligns with our philosophy.

3 BY MS. CHEVRIER:

4 Q Can you describe your philosophy?

5 MS. JOHNSON: Object to form.

6 THE WITNESS: The philosophy aligns
7 with the -- what we previously discussed
8 in terms of the three-tier model, in
9 terms of, you know, school settings
10 versus standalone programs. But reading
11 this statement, I think this statement
12 falls outside our philosophy and our
13 model.

14 BY MS. CHEVRIER:

15 Q So is it fair to say that students could,
16 quote, double dip and receive both GNETS funds and
17 Apex funds?

18 MS. JOHNSON: Object to form.

19 BY MS. CHEVRIER:

20 Q Receive services paid for by GNETS funds
21 and Apex funds?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: No, I'm not saying
24 that. I am saying that this Georgia
25 General Assembly and this grant and, you

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1 know, I guess mingling of funds from two
2 different programs just falls outside of
3 my knowledge.

4 BY MS. CHEVRIER:

5 Q In what way did the Apex model rely on
6 reaching students in all three tiers of service?

7 MS. JOHNSON: Object to form.

8 THE WITNESS: In my
9 understanding -- understanding of the
10 question, it would be embedding, making
11 clinicians available within school
12 settings, and so they would be available
13 to service students falling within one of
14 those three tiers. And would be called
15 upon to, you know, participate in various
16 activities in connection with their role,
17 whether it was an in-service or school
18 assembly or school event, whether it was
19 a student that maybe began to act
20 differently or there were questions about
21 whether there was a behavioral health
22 need, hopeful that that student would be
23 referred to that therapist.

24 And then the third tier, if there
25 was more record, a need for ongoing

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1 services or through that after-instance
2 discovery, if you will, it was determined
3 that that student would benefit from
4 ongoing services, that the therapist
5 would be available to provide those
6 services.

7 BY MS. CHEVRIER:

8 Q Why did Ms. Jones believe that
9 standalone -- that the standalone GNETS centers do
10 not align with the Apex model of reaching students in
11 all three tiers of services?

12 MS. JOHNSON: Object to form.
13 Outside the scope of the topic.

14 THE WITNESS: I don't know
15 specifically, but if -- if the sentence
16 was based on information that was shared
17 with us in terms of the differences
18 between the programs, my speculation is
19 that is what she relied on to write this
20 sentence.

21 BY MS. CHEVRIER:

22 Q And who provided that information that
23 you speculate Ms. Jones relied on?

24 MS. JOHNSON: Same objection.

25 THE WITNESS: I don't know the

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1 answer to that.

2 BY MS. CHEVRIER:

3 Q The note goes on to say that GNETS
4 students are already receiving intensive therapeutic
5 services along with their educational piece, correct?

6 A Yes, that's what's stated.

7 Q What were the intensive therapeutic
8 services provided to GNETS students?

9 MS. JOHNSON: Object to form.

10 Outside the scope of the topic.

11 You can answer.

12 THE WITNESS: I do not know the
13 answer to that question.

14 BY MS. CHEVRIER:

15 Q Did anyone from DBHDD examine the nature
16 of the services?

17 MS. JOHNSON: Same objection.

18 THE WITNESS: I don't know the
19 answer to that question.

20 BY MS. CHEVRIER:

21 Q Did anybody from DBHDD examine the scope
22 of such services provided in GNETS programs?

23 MS. JOHNSON: Same objection.

24 THE WITNESS: I don't know the
25 answer.

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1 BY MS. CHEVRIER:

2 Q Did the same requirement regarding the
3 licensing and certification of individuals providing
4 such services apply as are required under Medicaid or
5 other Georgia public insurance programs?

6 MS. JOHNSON: Object to form.

7 THE WITNESS: I don't understand
8 the question. Can you clarify?

9 BY MS. CHEVRIER:

10 Q Sure. So the statement in this e-mail
11 says that GNETS students are already receiving
12 intensive therapeutic services along with their
13 education piece, and I'm curious whether it was
14 determined by DBHDD that they were receiving such
15 services from licensed and certified individuals that
16 provide the types of services that the Apex program
17 provides?

18 MS. JOHNSON: Object to form.

19 Outside the scope of the topic.

20 You can answer.

21 THE WITNESS: I don't know the
22 answer to that question, but what I can
23 tell you, a difference between Danielle
24 and myself is she is a clinician. She
25 was a former Apex provider and school

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1 provider prior to coming to work for the
2 department, and she's a licensed
3 professional counselor.

4 BY MS. CHEVRIER:

5 Q To your knowledge, did --

6 A She has a different insight. She has a
7 different insight than I do in terms of therapeutic
8 services.

9 Q To your knowledge, did Danielle Jones
10 look into the types of services provided to GNETS
11 students?

12 MS. JOHNSON: Same objection.

13 THE WITNESS: I don't know the
14 answer to that.

15 BY MS. CHEVRIER:

16 Q We've already discussed the last
17 sentence, which reads: The only instance Apex funds
18 can be used for a GNETS student is if the student
19 started at an Apex school and then was transferred
20 into the GNETS program at their new school.

21 And I believe you've testified that that
22 is not your current understanding, correct?

23 A Correct.

24 Q Was this an accurate statement of DBHDD's
25 philosophy or approach as of 10/17/2019 when this

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1 e-mail was sent?

2 MS. JOHNSON: Object to form.

3 Outside scope of the topic.

4 You can answer.

5 THE WITNESS: Not in my opinion,
6 because that statement contradicts line
7 two as it relates -- as it reads, the
8 GNETS standalone program. Those two
9 sentences are contradictory of one
10 another. And the verbiage above, on that
11 line two, under non-Apex Schools, aligns
12 with what my understanding of our
13 philosophy and approach.

14 BY MS. CHEVRIER:

15 Q Has there been any indication that the --
16 strike that.

17 Since October 17th, 2019, when this
18 e-mail was sent, has there been any clarification of
19 the approach as you understand it to be correct?

20 MS. JOHNSON: Object to form.

21 Outside the scope of the topic.

22 You can answer.

23 THE WITNESS: I don't know the
24 answer.
25

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1 BY MS. CHEVRIER:

2 Q What is currently the approach of DBHDD
3 and the availability of Apex services to GNETS
4 services?

5 MS. JOHNSON: Object to form.

6 Outside scope of the topic.

7 You can answer.

8 THE WITNESS: If a school is school
9 is served by the Apex program and the
10 school has a GNETS classroom or classroom
11 setting or on a campus, then the
12 philosophy or our approach would be that
13 those services would be available to
14 those GNETS-specific students, along with
15 the general population.

16 BY MS. CHEVRIER:

17 Q I'm going to ask my colleague to bring
18 back up the FAQ which we've marked as Plaintiff's
19 Exhibit 978.

20 Is it fair to say that the current
21 approach of DBHDD is that GNETS students have access
22 to Apex services to the extent that is provided in
23 this FAQ?

24 MS. JOHNSON: Object to form.

25 THE WITNESS: Are you asking about

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1 the section that reads: In which
2 schools -- in which type of schools can
3 Apex services be implemented?

4 BY MS. CHEVRIER:

5 Q Yes.

6 A And can you restate the question?

7 Q Sure. You were sharing that you disagree
8 with the last sentence in the way that it interplays
9 with other sentences in the e-mail that we were going
10 through, and I asked what is the current DBHDD
11 approach to GNETS students having access to Apex
12 services.

13 I'm curious whether your answer is
14 aligned with what's provided in this FAQ so far as
15 the GNETS students at standalone facilities are not
16 able to receive Apex services, but that GNETS
17 students in school-based locations that have Apex
18 services already are able to provide -- are able to
19 receive Apex services?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: Yeah, my
22 understanding aligns with what's written
23 here, but I'll also state there would be
24 exceptions based upon what was listed in
25 that last document. So if a student was

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1 enrolled in Apex services and for some
2 reason that student was transferred from
3 their home school to, say, a standalone
4 program, that provider would be permitted
5 to follow that school, because at that
6 point the child would be the client, to
7 continue those services.

8 Especially if -- I think the goal
9 was for the child to return back to their
10 home school. The clinician -- it would
11 be in that clinician's discretion. The
12 department does not have a policy that
13 says that's prohibited or a philosophy
14 that says if that child has been removed
15 from the home school, you cannot continue
16 to serve them. That would be an
17 exception.

18 But, as written, here this would be
19 our general philosophical approach.

20 MS. CHEVRIER: Thank you. I think
21 it might make sense to take a quick --
22 just maybe five, seven-minute break.

23 THE WITNESS: Okay.

24 THE VIDEOGRAPHER: Going off video
25 record, 12:06 p.m.

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(Brief pause.)

THE VIDEOGRAPHER: We are now back
on video record, 12:14 p.m.

BY MS. CHEVRIER:

Q Has there been any consideration about
whether to change the approach to allow Apex services
in standalone GNETS facilities?

MS. JOHNSON: Object to form.
Outside scope of the topic.

You can answer.

THE WITNESS: We have not had any
discussions on that specific point.

BY MS. CHEVRIER:

Q And by we, does that mean your department
within -- within DBHDD?

A Correct. The program team, so myself,
Layla Fitzgerald, Danielle Jones Alexander, the new
addition, Ashuanni Straw, we haven't had any
discussions specific to making that change. In fact,
we've had very few discussions about -- if any,
related to GNETS, at all, because we did not want --
or do not want to run afoul of this process.

Q Do you think GNETS students could benefit
from Apex services?

MS. JOHNSON: Object to form.

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1 Outside scope of the topic.

2 You can answer.

3 THE WITNESS: Generally speaking,
4 those that are an environment that align
5 with the current model, yes, because they
6 would have the benefit of receiving all
7 of the interventions, treatment and
8 support that are available to all three
9 tiers. And --

10 BY MS. CHEVRIER:

11 Q Does Apex -- go ahead.

12 A And then with the caveat again, if their
13 needs or diagnosis are mental health of nature.
14 There are behavioral health disorders that exceed the
15 ability of the Apex intervention. So for any of my
16 answers, I would like to, you know, make that known,
17 that my comments are thinking about diagnoses and
18 needs that are mental health in nature.

19 Q You just used the phrase, run afoul of
20 this process. What do you mean by that?

21 MS. JOHNSON: Same objection.

22 THE WITNESS: So there is an actual
23 lawsuit between Department of Justice and
24 State of Georgia related to the GNETS
25 program. I mean, it's an active lawsuit

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1 that individuals can be called to
2 testify, be deposed, so on and so forth.
3 And so we do not know all the parameters
4 to that and so we don't want to run afoul
5 of this process.

6 For example, you started the line
7 of questioning today to ask have I talked
8 to anybody about GNETS or being deposed.
9 And so to not run afoul of a lawsuit, we
10 do not talk about GNETS.

11 BY MS. CHEVRIER:

12 Q Does the Apex program provide mental
13 health services during the summer?

14 A Some providers do, yes, but they have an
15 ability in their fund requests to have some -- to ask
16 for support for summer programming. And our thought
17 behind that is, if the student is making progress
18 throughout the school year, we don't want to disrupt
19 that over the summer. But there are various factors
20 for rural Georgia, that sort of thing.

21 Some of our providers also operate youth
22 mental health facilities, they support Clubhouses, so
23 things like the Boys and Girls Club that are
24 therapeutic in nature. And so some of those
25 providers that have both Apex and Clubhouse may shift

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1 their case load to the Clubhouse over the summer.
2 But those who don't do have an opportunity to include
3 in their add -- subject to availability of budget,
4 but do have an opportunity to say, we would like to
5 do X programming during the summer, it would cost X
6 dollars. And if the department is able to fund that
7 or a portion of it, we will review and approve.

8 Q Is it important to continue services
9 through the summer for students with emotional
10 behavioral disabilities?

11 MS. JOHNSON: Object to form.

12 Outside the scope of the topic.

13 You can answer.

14 THE WITNESS: Yes.

15 BY MS. CHEVRIER:

16 Q I'm going to ask my colleague to bring up
17 what we've marked as Plaintiff's Exhibit 978, the FAQ
18 that we've been discussing. I'm going to ask you to
19 please scroll to the question that asks: Who can
20 provide the Apex services within the school setting?

21 A Do you know if that's up or down? Am I
22 headed in the right direction?

23 Q I think it's down, but -- do you see
24 where it says: Who can provide the Apex services
25 within a school setting?

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1 A Yes.

2 Q Do you see the answer that reads, quote:

3 Individual and group therapy services should only --

4 only is in all caps -- be provided by a licensed

5 clinician (LPSW, LPC, LMFT), associate/provisionally

6 licensed clinician (APC, LMSW, LAMFT) and/or a

7 Master's degree level clinician seeking licensure in

8 accordance with the rules governing their practice.

9 Paraprofessionals can provide community support

10 services such as life/social skills and assist with

11 prevention programs/activities and assisting

12 students/families with nonclinical concerns.

13 A Yes.

14 Q Why was it determined that Apex

15 individual and group therapy services should only be

16 provided by a licensed clinician, provisionally

17 licensed clinician or Master's degree level clinician

18 seeking licensure?

19 A Because there is a workforce shortage in

20 Georgia, across the country, in terms of behavioral

21 health clinicians, and at some point we learned that

22 some of our provider networks were using interns that

23 were unsupervised, which does not align with practice

24 or with the model. And so where we learned about

25 that, we stopped it.

1 And in this FAQ we wanted to take the
2 opportunity to clarify that the rules for Medicaid
3 allow also provisionally licensed or associate
4 licensed individuals that are supervised, that are
5 working under the guidance of a supervisor that has
6 the supervisor certification, towards full licensure.
7 They have to get so many hours in order to gain full
8 licensure. Interns or Master level interns that are
9 working to complete their degree programs can also
10 work under an individual, a supervisor with the
11 supervisor credentials, but they cannot work alone.

12 And we learned about it and we worked to
13 stop it. So that is what this is trying to address.

14 Q Who was involved in the decision that
15 Apex individual and group therapy services should
16 only be provided by a licensed clinician,
17 provisionally licensed clinician or a Master's degree
18 level clinician seeking licensure?

19 A This is determined by the -- the rules
20 governing the practice of these professions. So the
21 Georgia Composite Board -- I don't know the name
22 specifically, but there's a body within Georgia that
23 sets policy and guidelines for who can do what in
24 this field, and this is meant to align with that.

25 Q Are the licensing criteria for all

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1 Medicaid and public insurance mental health services
2 for children and adolescents set forth in the DBHDD
3 coverage manual?

4 MS. JOHNSON: Object to form.

5 Outside the scope of the question. You
6 can answer -- or outside the scope of the
7 topic.

8 You can answer.

9 THE WITNESS: I don't know the
10 answer to that. My -- from what I'm
11 familiar with, the provider manual would
12 point to the licensing board -- the
13 governing board.

14 BY MS. CHEVRIER:

15 Q Does this statement regarding the
16 qualifications of Apex individual and group therapy
17 services apply to all publicly insured services
18 provided in Georgia?

19 MS. JOHNSON: Object to form.

20 THE WITNESS: I don't know the
21 answer.

22 BY MS. CHEVRIER:

23 Q Why is it important for individual and
24 group therapy sessions to be provided by
25 appropriately licensed professionals?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: Because that's

3 required by reg.

4 BY MS. CHEVRIER:

5 Q Is there any other reason why it's
6 important other than following regulations?

7 MS. JOHNSON: Object to form.

8 THE WITNESS: I don't know the
9 answer to that for -- in my opinion, for
10 us, it would be important for us to be
11 aligned with regulatory authority.

12 BY MS. CHEVRIER:

13 Q Did these licensure requirements align
14 with DBHDD's standards for non-Apex services?

15 MS. JOHNSON: Object to the form.

16 THE WITNESS: I don't know the
17 answer to that, your question per se, but
18 what I do know the answer to is that, in
19 the public payor state, so Medicaid
20 individuals that are working towards full
21 licensure are able to work in these
22 settings, whereas in -- for private
23 insurance, they are not. Private
24 insurance requires full licensure.

25 So the rules are more lenient as it

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1 relates to the Medicaid benefits, which
2 is helpful when navigating a workforce
3 shortage.

4 BY MS. CHEVRIER:

5 Q Is there any guidance from the substance
6 abuse and mental health services administration or
7 any other places that require licensed professionals?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: I don't know the
10 answer to that.

11 BY MS. CHEVRIER:

12 Q Are you aware that Layla Fitzgerald
13 informed the Office of Whole Child that, as the
14 liaison between GaDOE and DBHDD, that she does not
15 work on anything related to GNETS?

16 MS. JOHNSON: Object to form.

17 Outside the scope of the topics.

18 You can answer.

19 THE WITNESS: I don't know the
20 answer to that.

21 BY MS. CHEVRIER:

22 Q Is it your understanding that Layla
23 Fitzgerald does not work on anything related to
24 GNETS?

25 MS. JOHNSON: Same objection.

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1 BY MS. CHEVRIER:

2 Q In her liaison capacity?

3 MS. JOHNSON: Same objection.

4 THE WITNESS: Can you restate the
5 question?

6 BY MS. CHEVRIER:

7 Q Is it your understanding that Layla
8 Fitzgerald does not work on anything related to GNETS
9 in her liaison capacity with GaDOE?

10 MS. JOHNSON: Same objection.

11 THE WITNESS: Generally speaking,
12 yes, that's my understanding. From what
13 I know, GNETS is not a part of the scope
14 of the office where she serves as a
15 liaison.

16 BY MS. CHEVRIER:

17 Q You testified earlier that Danielle Jones
18 or Danielle Jones Alexander also now serves in this
19 liaison capacity; is that correct?

20 A It's a narrow -- narrower -- sorry --
21 scope, but yes. Layla -- the difference between the
22 two is that Layla has a broader scope of work and
23 Danielle's focus is specific to Project Aware, the
24 current Project Aware grant that GaDOE has from
25 SAMHSA.

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1 Q Is it fair to say that Danielle Alexander
2 also does not work with anything related to the GNETS
3 program in her capacity as liaison with GaDOE?

4 MS. JOHNSON: Object to form.

5 Outside the scope of the topic.

6 You can answer.

7 THE WITNESS: This one I'm a little
8 less sure about, because that office has
9 recently gone through a reorg and
10 Danielle has been brought into that
11 office. Previously, the work of Project
12 Aware was in a different area, and I
13 don't know if that area and its scope of
14 work included GNETS.

15 BY MS. CHEVRIER:

16 Q We have not seen an Apex evaluation for
17 school year '21 to '22 or '22 to '23. Have
18 evaluations been prepared for those years?

19 MS. JOHNSON: Object to form.

20 Outside scope of the topics.

21 You can answer.

22 THE WITNESS: Can you restate the
23 year?

24 BY MS. CHEVRIER:

25 Q School years '21 to '22 and '22 to '23.

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1 A So not for the latter. So not '22 to
2 '23. For the previous school year, yes. Typically
3 the time line for that is a full school year of data.
4 School year ending generally in May of each year, the
5 evaluation team reviewing and sorting the data,
6 preliminary drafts may be available around August.
7 And then finalization sometime between August and
8 October following the close of the school year.

9 So the current school year data wouldn't
10 be available until, you know, middle of the fall, but
11 the last school year evaluation has been completed
12 and should be public on the Georgia State
13 Interventional website, who is the evaluator of the
14 Apex program.

15 MS. CHEVRIER: I'd like to request
16 on the record that we be provided with
17 the Apex evaluations for school year '21
18 to '22 that Mr. McKay just testified is
19 available.

20 MS. JOHNSON: We can discuss that.

21 BY MS. CHEVRIER:

22 Q You mentioned previously that regular
23 meetings with -- that there were regular meetings
24 with the State GNETS director, correct?

25 A Correct.

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1 Q When did those meetings take place?

2 MS. JOHNSON: Object to form.

3 Outside scope of the topic.

4 You can answer.

5 THE WITNESS: Over the course of a

6 couple of years, maybe the frequency was

7 every other month or quarterly. I don't

8 remember exactly. But they stopped

9 sometime during the pandemic and they

10 have not resumed.

11 BY MS. CHEVRIER:

12 Q Were you the senior officer of DBHDD who
13 participated in those meetings?

14 MS. JOHNSON: Same objection.

15 THE WITNESS: I likely was the

16 senior office that participated in some

17 of the meetings or the majority of the

18 meetings, but I may not have been the

19 senior officer that participated in all

20 of the meetings. I do think early on

21 there were meetings prior to my

22 involvement that may have included our

23 commissioner or deputy commissioner and

24 other senior kind of -- what we call

25 enterprise level officers from GaDOE.

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1 At some point I was brought into
2 those and those became my meetings to
3 coordinate with the State level GNETS
4 director.

5 BY MS. CHEVRIER:

6 Q Was the sequence initially Commissioner
7 Fitzgerald, Monica Johnson and yourself were
8 involved?

9 MS. JOHNSON: Same objection.

10 THE WITNESS: I don't know the
11 answer to that.

12 BY MS. CHEVRIER:

13 Q Is it correct that Commissioner
14 Fitzgerald dropped off and no longer participated?

15 MS. JOHNSON: Same objection.

16 THE WITNESS: Yes, that's correct.

17 BY MS. CHEVRIER:

18 Q And then Monica Johnson also dropped off
19 and no longer participated?

20 MS. JOHNSON: Same objection.

21 THE WITNESS: I want to clarify my
22 answer to the last question and to this
23 question.

24 Commissioner Fitzgerald and Monica
25 and myself may have participated in one

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1 or two meetings together. How many
2 meetings they participated in related to
3 GNETS prior to my participation or
4 outside of my participation I'm unclear
5 of. And so I'm unsure about the usage of
6 the term drop off.

7 BY MS. CHEVRIER:

8 Q Sure. I was just -- I was using drop off
9 to mean that they no longer participated in those
10 meetings.

11 So is it correct that there was a time,
12 it sounds like, all three of you participated and
13 then there was ultimately a time when you were the
14 only DBHDD senior officer participating in these
15 meetings?

16 MS. JOHNSON: Same objection.

17 THE WITNESS: That is correct.

18 Yes, that's correct.

19 BY MS. CHEVRIER:

20 Q And those are the meetings you referred
21 to as the regular meetings with the State GNETS
22 director?

23 A Yes, that's correct.

24 Q And did you meet with Vickie Cleveland
25 every month for a while?

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1 MS. JOHNSON: Object to form.

2 Outside the scope of the topics.

3 You can answer.

4 THE WITNESS: Yeah. The frequency
5 was maybe every other month or quarterly.

6 BY MS. CHEVRIER:

7 Q And you said that they dropped off at
8 some point during the pandemic. Did they drop off
9 due to the pandemic or for a different reason?

10 MS. JOHNSON: Same objection.

11 THE WITNESS: It could have been
12 related to the pandemic, but also I think
13 the -- the change and litigation related
14 to this case may have also had an impact
15 on it. For reasons similar to internal
16 discussions, limiting those as related to
17 GNETS because we were under -- in
18 litigation, active litigation, may have
19 also had an impact as to why the meetings
20 with the State level GNETS director and
21 myself ceased to happen.

22 MS. CHEVRIER: Excellent. No
23 further questions from me. Thank you
24 very much for your time.

25 MS. JOHNSON: And I don't have any

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1 questions. Thank you for your time
2 today.

3 THE WITNESS: Thank you.

4 THE VIDEOGRAPHER: And I understand
5 that we have standing orders on this?

6 MS. CHEVRIER: Yes.

7 MS. JOHNSON: I don't think the
8 State has a standing order. We don't
9 need a copy of the video, but we request
10 an e-tran, and we'll read and sign.

11 THE VIDEOGRAPHER: This concludes
12 today's videotaped deposition. The time
13 is 12:36 p.m. Going off the record now.

14
15 (Thereupon, the deposition was
16 concluded at approximately 12:36 p.m.)
17
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D I S C L O S U R E

The following representations and disclosures are made in compliance with Georgia Law, more specifically:

Article 10(B) of the Rules and Regulations of the Board of Court Reporting (disclosure forms).

OCGA 9-11-28(c (disqualification of reporter for financial interest). OCGA 15-14-37(a) and (b) (prohibitions against contracts except on a case-by-case basis.)

I am a certified court reporter in the State of Georgia. I am a subcontractor for Esquire Deposition Solutions. I have been assigned to make a complete and accurate record of these proceedings.

I have no relationship of interest in the matter on which I am about to report which would disqualify me from making a verbatim record or maintaining my obligation of impartiality in compliance with the Code of Professional Ethics.

I have no direct contract with any party in this action and my compensation is determined solely by the terms of my subcontractor agreement.

This 21st day of March, 2023.

Tanya L. Verhoven

Tanya L. Verhoven-Page,
B-1790.

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C E R T I F I C A T E

STATE OF GEORGIA:

FULTON COUNTY:

I hereby certify that the foregoing deposition was reported, as stated in the caption, and the questions and answers thereto were reduced to written page under my direction, that the preceding pages represent a true and correct transcript of the evidence given by said witness.

I further certify that I am not of kin or counsel to the parties in the case, am not in the regular employ of counsel for any of said parties, nor am I in any way financially interested in the result of said case.

Dated this 21st day of March, 2023.

Tanya L. Verhoven

Tanya L. Verhoven-Page,
Certified Court Reporter,
B-1790.

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ESQUIRE ERRATA SHEET

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Case Caption: USA v. State of Georgia

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my deposition taken in the above-captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on this _____ day of

_____, 2023.

DANTE MCKAY

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DEPOSITION ERRATA SHEET

CORRECTIONS

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